

Perceived Stress Scale

Take a moment to think about how each statement applies to you.

Please respond to each item by marking one box per row.

In the last month	Never	Almost Never	Sometime	Fairly Often	Often
1. How often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. How often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. How often have you felt nervous and “stressed”?	0	1	2	3	4
4. How often have you felt confident about your ability to handle your personal problems?	4	3	2	1	0
5. How often have you felt things were going your way?	4	3	2	1	0
6. How often have you found that you could not cope with all of the things that you had to do?	0	1	2	3	4
7. How often have you been able to control irritations in your life?	4	3	2	1	0
8. How often have you felt that you were on top of things?	4	3	2	1	0
9. How often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. How often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

My total _____ – 20 = (my score)

30+	At risk
50-75	Serious risk
75+	Extreme risk