

## Perceived Stress Scale - 10

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate *how often* you felt or thought a certain way.

In the last month, how often have you:		Never	Almost never	Some-times	Fairly often	Very often
1.	Been upset because of something that happened unexpectedly?	0	1	2	3	4
2.	Felt that you were unable to control the important things in your life?	0	1	2	3	4
3.	Felt nervous and "stressed"?	0	1	2	3	4
4.	Felt confident about your ability to handle your personal problems?	0	1	2	3	4
5.	Felt that things were going your way?	0	1	2	3	4
6.	Found that you could not cope with all the things that you had to do?	0	1	2	3	4
7.	Been able to control irritations in your life?	0	1	2	3	4
8.	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9.	Been angered because of things that happened that were outside of your control?	0	1	2	3	4
10.	Felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4