

Perceived Stress Scale (PSS) Scoring

Patient Name: _____ Date: _____ dd / mm / yyyy

Clinician: _____

INSTRUCTIONS

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. Please read each statement and select the response that best applies to you.

PERCEIVED STRESS SCALE QUESTIONS

1. In the last month, how often have you been upset because of something that happened unexpectedly?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

3. In the last month, how often have you felt nervous and stressed?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

5. In the last month, how often have you felt that things were going your way?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

7. In the last month, how often have you been able to control irritations in your life?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

8. In the last month, how often have you felt that you were on top of things?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

9. In the last month, how often have you been angered because of things that happened that were outside of your control?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- 0 - Never
- 1 - Almost Never
- 2 - Sometimes
- 3 - Fairly Often
- 4 - Very Often

SCORING

Total Score (0-40): _____

Interpretation

0-13: Low perceived stress

14-26: Moderate perceived stress

27-40: High perceived stress

Note: Items 4, 5, 7, and 8 are reverse-scored (0=4, 1=3, 2=2, 3=1, 4=0)

CLINICAL NOTES

Clinical observations and actions taken

Clinician Signature

Date: _____ dd / mm / yyyy