

PERCEIVED STRESS SCALE

ID NUMBER:									
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FORM CODE: **SSP**
VERSION: 1.0 12/05/2024

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: This form should be completed during the participant's in-person clinic visit. For each item below, please select the answer that best describes your experience.

Items 1-8 have been removed.

The following questions ask about the level of stress you have experienced over the last month. Please choose the answer that describes how often you have felt or experienced the statement described.

- 9) In the last month, how often have you been upset because of something that happened unexpectedly?
- Never₀
 Almost never₁
 Sometimes₂
 Fairly often₃
 Very often₄
- 10) In the last month, how often have you felt that you were unable to control the important things in your life?
- Never₀
 Almost never₁
 Sometimes₂
 Fairly often₃
 Very often₄
- 11) In the last month, how often have you felt nervous and "stressed"?
- Never₀
 Almost never₁
 Sometimes₂
 Fairly often₃
 Very often₄

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- 12) In the last month, how often have you felt confident about your ability to handle your personal problems?
- Never₄
 - Almost never₃
 - Sometimes₂
 - Fairly often₁
 - Very often₀
- 13) In the last month, how often have you felt that things were going your way?
- Never₄
 - Almost never₃
 - Sometimes₂
 - Fairly often₁
 - Very often₀
- 14) In the last month, how often have you found that you could not cope with all the things that you had to do?
- Never₀
 - Almost never₁
 - Sometimes₂
 - Fairly often₃
 - Very often₄
- 15) In the last month, how often have you been able to control irritations in your life?
- Never₄
 - Almost never₃
 - Sometimes₂
 - Fairly often₁
 - Very often₀
- 16) In the last month, how often have you felt that you were on top of things?
- Never₄
 - Almost never₃
 - Sometimes₂
 - Fairly often₃
 - Very often₄
- 17) In the last month, how often have you been angered because of things that were outside your control?
- Never₀
 - Almost never₁
 - Sometimes₂
 - Fairly often₃
 - Very often₄

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

- Never₀
- Almost never₁
- Sometimes₂
- Fairly often₃
- Very often₄

END OF FORM