

Perceived Stress Scale (PSS)

Node		Protocol Number				Site			Subject				Week		Phase		
Rater					Sequence Number		Visit Number			/		/		Date			

1. In the past week, how often have you gotten upset because of something that happened unexpectedly?

- Never Almost Never Sometimes Fairly Often Very Often

2. In the past week, how often have you felt unable to control important things in your life?

- Never Almost Never Sometimes Fairly Often Very Often

3. In the past week, how often have you felt nervous and "stressed"?

- Never Almost Never Sometimes Fairly Often Very Often

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

- Never Almost Never Sometimes Fairly Often Very Often

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

- Never Almost Never Sometimes Fairly Often Very Often

6. In the past week, how often have you found it difficult to cope with all the things that you have to do?

- Never Almost Never Sometimes Fairly Often Very Often

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

- Never Almost Never Sometimes Fairly Often Very Often

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

- Never Almost Never Sometimes Fairly Often Very Often

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

- Never Almost Never Sometimes Fairly Often Very Often

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

- Never Almost Never Sometimes Fairly Often Very Often

