

# Percieved Stress Scale

PSS - BSL  
August 2012

Baseline

ID# 

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

**4. In the last month, how often have you dealt successfully with irritating life hassles?**

Never  Almost Never  Sometimes  Fairly Often  Very Often

**5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?**

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Sometimes  Almost Never  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

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

Never  Almost Never  Sometimes  Fairly Often  Very Often

**12. In the last month, how often have you found yourself thinking about the things that you have to accomplish?**

Never  Almost Never  Sometimes  Fairly Often  Very Often

**13. In the last month, how often have you been able to control the way you spend your time?**

Never  Almost Never  Sometimes  Fairly Often  Very Often

**14. In the last month, 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