



PERCEIVED STRESS SCALE-10

Source: The items are from the 10-item Perceived Stress Scale-10. Used with permission.

Reference: Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), The social psychology of health: Claremont Symposium on applied social psychology. Newbury Park, CA: Sage.

<http://www.psy.cmu.edu/~scohen/> (go to Vita and then to book chapter)

Scoring and Algorithm

Note: For each assessment, there is an algorithm leading to one of three acuity ranges: Low, Medium, and High. The logic for the user receiving specific feedback is included in the algorithms below.

Each item is scored 0-4, as indicated below. Total is sum of all 10 items, possible range for total is 0-40.

For Questions #1, #2, #3, #6, #9, #10, the items are scored:

- Never = 0
- Almost never = 1
- Sometimes = 2
- Fairly often = 3
- Very often = 4

Questions #4, #5, #7, #8 are reverse-scored:

- Never = 4
- Almost never = 3
- Sometimes = 2
- Fairly often = 1
- Very often = 0

Algorithm:

- Total = 0-10 Low Acuity
- Total = 11-25 Moderate Acuity
- Total = 26-40 High Acuity



STRESS ASSESSMENT

| | Never | Almost never | Sometimes | Fairly often | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last month, how often have you felt nervous and “stressed”? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last month, how often have you felt that things were going your way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the last month, how often have you been able to control irritations in your life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last month, how often have you felt that you were on top of things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last month, how often have you been angered because of things that were outside of your control? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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