



Perceived Stress Scale 4 (PSS-4)

INSTRUCTIONS

The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an "X" over the square representing HOW OFTEN you felt or thought a certain way.

	Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
1. 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"/>
2. 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"/>
3. 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"/>
4. 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"/>

Scoring for the Perceived Stress Scale 4:

Questions 1 and 4

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

Questions 2 and 3

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

Lowest score: 0
Highest score: 16

Higher scores are correlated to more stress.