

## Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Gender (circle): M F

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

1. In the last month, how often have you been upset because of something that happened unexpectedly?  
0 1 2 3 4
2. In the last month, how often have you felt that you were unable to control the important things in your life?  
0 1 2 3 4
3. In the last month, how often have you felt nervous and "stressed"?  
0 1 2 3 4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?  
0 1 2 3 4
5. In the last month, how often have you felt that things were going your way?  
0 1 2 3 4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?  
0 1 2 3 4
7. In the last month, how often have you been able to control irritations in your life?  
0 1 2 3 4
8. In the last month, how often have you felt that you were on top of things?  
0 1 2 3 4
9. In the last month, how often have you been angered because of things that were outside of your control?  
0 1 2 3 4
10. In the last month, how often have you felt difficulties  
0 1 2 3 4

Signature \_\_\_\_\_

Office use:

- ET day acu tx only
- ET day acu tx & prep < 1 mth
- ET day acu tx & prep > 1 mth
- no ET day acu tx or prep

Office use:

Treatment timeline (circle): PRE / Follow-up