

PSS

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 how often you felt or thought a certain way by blackening the appropriate circle.

| Gender | |
|--------|-------------------------|
| Male | <input type="radio"/> M |
| Female | <input type="radio"/> F |

| Subject ID | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

| Month | Day | Year |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

| Week |
|-------------------------|
| <input type="radio"/> 0 |
| <input type="radio"/> 1 |
| <input type="radio"/> 2 |
| <input type="radio"/> 3 |
| <input type="radio"/> 4 |
| <input type="radio"/> 5 |
| <input type="radio"/> 6 |
| <input type="radio"/> 7 |
| <input type="radio"/> 8 |
| <input type="radio"/> 9 |

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

| | Never | Almost Never | Sometimes | Fairly Often | Very Often |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. In the last month, how often have you felt that you were unable to control the important things in your life? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2. In the last month, how often have you felt confident about your ability to handle your personal problems? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3. In the last month, how often have you felt that things were going your way? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |