

Date Entered _____

Staff Initials _____

COMBINE Perceived Stress Scale (PSS ver. A)

| | | | | | | |
|---|---|---|---|---|---|---|
| Center | Participant # | Participant Initials | Week | Sequence | | |
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| 0 | 1 | | | | | |
| Date | | Staff ID | | | | |
| <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | | | |
| mo. | | da. | | yr. | | |

Instructions: The questions in this scale ask about **your feelings and thoughts during the last week**. In each case, you will be asked to indicate **how often** you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

| In the past week | Never | Almost Never | Sometimes | Fairly Often | Very Often |
|---|-------|-----------------|-----------|-----------------|------------|
| 1. How often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 2. How often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 3. In the past week, how often have you felt that things were going your way? | 0 | 1 | 2 | 3 | 4 |
| 4. How often have you felt difficulties piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |