

## Perceived Stress Scale (PSS)

**About:** This scale is a self-report measure of stress.

**Items:** 10

### Reliability:

Cohen, Kamarck, & Mermelstein (1983) reported Cronbach's  $\alpha$  between .84-.86 for the PSS.

Test-retest reliability for the PSS was .85

**Validity:** Correlation of the PSS to other measures of similar symptoms ranges between .52-.76 (Cohen et al., 1983).

Scoring:	Never	Almos t never	Some- times	Fairly often	Very often
Questions 1, 2, 3, 6, 9, & 10	0	1	2	3	4
Questions 4, 5, 7, & 8	4	3	2	1	0

The total score is calculated by finding the sum of 10 items, reverse coding questions 4, 5, 7, & 8 – as pictured above. The PSS has a range of scores between 0 and 40. A higher score indicates more stress.

### Reference:

Cohen, S., Kamarck, T., Mermelstein, R. (1983). [A global measure of perceived stress](#). *Journal of Health and Social Behavior*, 24, 385-396

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The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

	Never	Almost never	Some- times	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"/>