PSS-10: PERCEIVED STRESS SCALE

Stress Screening Tool (Cohen, Kamarck & Mermelstein, 1983)

In the last month, how often have you...	0-Never	1-Almost Never	2-Sometimes	3-Fairly Often	4-Very Often
1. Been upset because of something that happened unexpectedly?	☐	☐	☐	☐	☐
2. Felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
3. Felt nervous and stressed?	☐	☐	☐	☐	☐
4. Felt confident about your ability to handle your personal problems? **(R)**	☐	☐	☐	☐	☐
5. Felt that things were going your way? **(R)**	☐	☐	☐	☐	☐
6. Found that you could not cope with all the things that you had to do?	☐	☐	☐	☐	☐
7. Been able to control irritations in your life? **(R)**	☐	☐	☐	☐	☐
8. Felt that you were on top of things? **(R)**	☐	☐	☐	☐	☐
9. Been angered because of things that were outside of your control?	☐	☐	☐	☐	☐
10. Felt that difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

Scoring Instructions: For items 4, 5, 7, and 8 (marked R), reverse the scores: 0=4, 1=3, 2=2, 3=1, 4=0. Add all 10 items. Higher scores = higher perceived stress.

Total Score: _____ / 40	**Interpretation:** ☐ Low (0–13) ☐ Moderate (14–26) ☐ High (27–40)

Client Name: _____	**Date:** _____	**Clinician:** _____