

## Perceived Stress Scale (PSS)

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Node	Protocol Number	Site	Subject	Week	Phase		
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Rater	Sequence Number	Visit Number	Date				

1. In the past week, how often have you gotten upset because of something that happened unexpectedly?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

2. In the past week, how often have you felt unable to control important things in your life?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

3. In the past week, how often have you felt nervous and "stressed"?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

4. In the past week, how often have you felt confident about your ability to handle your personal problems?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

5. In the past week, how often have you felt that things were going your way?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

6. In the past week, how often have you found it difficult to cope with all the things that you have to do?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

7. In the past week, how often have you been able to control irritations in your life?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

8. In the past week, how often have you felt that you were on top of things?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

9. In the past week, how often have you been angered because of things that happened outside of your control?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

10. In the past week, how often have you felt difficulties were piling up so high that you could not overcome them?

☐ Never    ☐ Almost Never    ☐ Sometimes    ☐ Fairly Often    ☐ Very Often

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