

PSS: Perceived Stress Scale

This scale is for assessing the degree of subjective stress in everyday life.

Please read each question carefully and check how often during the past month you have felt the content corresponding to the question. Anonymity is thoroughly guaranteed.

* Required

ID (Researcher's field)

Your answer

In the past month, how many times have you felt bad about something unexpected? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you felt out of control over important things? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often



In the past month, how many times have you felt nervous or stressful? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you been successful in dealing with annoying and annoying things? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you effectively dealt with important changes in your life? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you felt confident in your ability to handle personal problems? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often



In the past month, how many times have you felt that things are going according to your wishes? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you felt in control of everything? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you been upset by something that has happened beyond your control? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

In the past month, how many times have you felt that you couldn't get over because there were too many difficult tasks piled up? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Often

Submit

Never submit passwords through Google Forms.



