Periodic Mental Health Survey

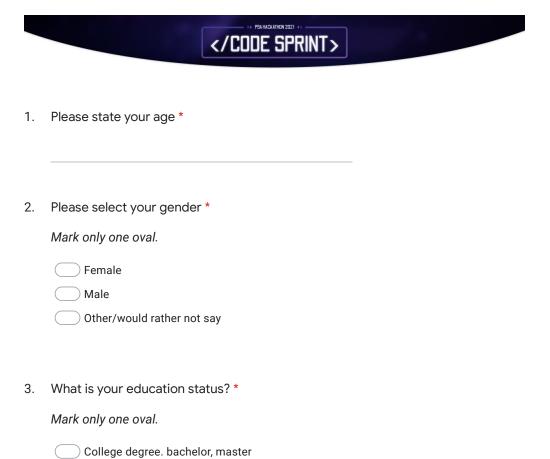
We incorporate the perceived stress scale (developed by Cohen, Kamarck, & Mermelstein 1983), the perceived loneliness scale for our analysis and identification of potential burn-outs.

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) None

* Required

PSA CODESPRINT 2021 PRELIMINARY ROUND



Some College, short continuing education or equivalent

4.	•	r marital status? * isfied 5 = Very satisfied	
	Mark only o	ne oval.	
	Single	d/cohabiting ed/widowed or rather would not say	
L	erceived oneliness cale	This scale was developed by Cohen, Kamarck, & Mermelstein in 1983. The questions in this scale ask you about your feelings and thoughts during the last week. In each case, you will be asked to indicate your response by placing an "X" over the circle representing 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 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. Only some specific questions are shown in this form, the entire inclusion of the question set is a scope of improvement for further exploration.	
5.	 5. 1. In the last week, how often have you been upset because of something that happened unexpectedly? 		
	Somet Fairly		
6.	Mark only of Never Almos Somet Fairly (

7.	In the last month, how often have you felt nervous and "stressed"? *		
	Mark only one oval.		
	Never (0)		
	Almost Never (1)		
	Sometimes (2)		
	Fairly Often (3)		
	Very Often (4)		
8.	In the last month, how often have you dealt successfully with day to day problems and annoyances? *		
	Mark only one oval.		
	Never (0)		
	Almost Never (1)		
	Sometimes (2)		
	Fairly Often (3)		
	Very Often (4)		
9.	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life? *		
	Mark only one oval.		
	Never (0)		
	Almost Never (1)		
	Sometimes (2)		
	Fairly Often (3)		
	Very Often (4)		
10.	Name (optional)		
	This is not required for analysis and thus is optional for you to be answered.		

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