Reference

<https://psychology-tools.com/>

<https://www.socialpsychology.org/expts.htm>

Model Questionnaire

In general, how happy would you say you are? 1-10

In general, how satisfied are you with you life? 1-7

In general, how satisfied are you with your personal relationships? 1-10

Perceived Stress

Top of Form

**Question Title**

**2. The questions in this scale ask you about your feelings and thoughts during the last month.   In each case, you will be asked to indicate your response by clicking the answer which represents 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.**

|  |
| --- |
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? |
| 3. In the last month, how often have you felt nervous and “stressed”? |
| 4. In the last month, how often have you dealt successfully with day to day problems and annoyances? |
| 5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life? |
| 6. In the last month, how often have you felt confident about your ability to handle you personal problems? |
| 7. In the last month, how often have you felt that things were going your way? |
| 8. In the last month, how often have you found that you could not cope with all the things that you had to do? |
| 9. In the last month, how often have you been able to control irritations in your life? |
| 10. In the last month, how often have you felt that you were on top of things? |
| 11. In the last month, how often have you been angered because of things that happened that were outside of your control? |
| 12. In the last month, how often have you found yourself thinking about things that you have to accomplish? |
| 13. In the last month, how often have you been able to control the way you spend your time? |
| 14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? |

Trait

Top of Form

**Question Title**

**3. A number of statements which people have used to describe themselves are given below.  Read each statement and then circle the appropriate number to the right of the statement to indicate how you generally feel**

|  |
| --- |
| 21. I feel pleasant |
| 22. I feel nervous and restless |
| 23. I feel satisfied with myself |
| 24. I wish I could be as happy as others seem to be |
| 25. I feel like a failure |
| 26. I feel rested |
| 27. I am ‘calm, cool and collected’ |
| 28. I feel that difficulties are piling up so that I cannot overcome them |
| 29. I worry too much over something that really doesn’t matter |
| 30. I am happy |
| 31. I have disturbing thoughts |
| 32. I lack self-confidence |
| 33. I feel secure |
| 34. I make decisions easily |
| 35. I feel inadequate |
| 36. I am content |
| 37. Some unimportant thought runs through my mind and bothers me |
| 38. I take disappointments so keenly that I can’t put them out of my mind |
| 39. I am a steady person |
| 40.  I get in a state of tension or turmoil as I think over my recent concerns and interests |

Bottom of Form

Bottom of Form

State

Top of Form

**Question Title**

**4. A number of statements which people have used to describe themselves are given below.  Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now, that is, at this moment.  There are no right or wrong answers.  Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.**

|  |
| --- |
| 1. I feel calm |
| 2. I feel secure |
| 3. I am tense |
| 4. I feel strained |
| 5. I feel at ease |
| 6. I feel upset |
| 7. I am presently worrying about possible misfortunes |
| 8. I feel satisfied |
| 9. I feel frightened |
| 10. I feel comfortable |
| 11. I feel self-confident |
| 12. I feel nervous |
| 13. I am jittery |
| 14. I feel indecisive |
| 15. I am relaxed |
| 16. I feel content |
| 17. I am worried |
| 18. I feel confused |
| 19. I feel steady |
| 20. I feel pleasant |

Impact of Events

**5. Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (your problem), how much were you distressed or bothered by these difficulties? This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a health professional.**

|  |
| --- |
| I was aware that I still had a lot of feelings about it, but I didn't deal with them |
| My feelings about it were kind of numb |
| I found myself acting or feeling like I was back at that time |
| I had trouble falling asleep |
| I had waves of strong feelings about it |
| I tried to remove it from my memory |
| I had trouble concentrating |
| Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart |
| I had dreams about it |
| I felt watchful and on guard |
| I tried not to talk about it |

Impact of Events

**6. Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (your problem), how much were you distressed or bothered by these difficulties? This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a health professional.**

|  |
| --- |
| Any reminder brought back feelings about it |
| I had trouble staying asleep |
| Other things kept making me think about it |
| I felt irritable and angry |
| I avoided letting myself get upset when I thought about it or was reminded of it |
| I thought about it when I didn't mean to |
| I felt as if it hadn't happened or wasn't real |
| I stayed away from reminders about it |
| Pictures about it popped into my mind |
| I was jumpy and easily startled |
| I tried not to think about it |

Bottom of Form

EHI

Top of Form

**Question Title**

**7. Please indicate your preference in using your left or right hand in the following tasks, clicking ONLY ONE box per question.  
Some of the activities require both hands. In these cases, the part of the task or object for which hand preference is wanted is indicated in brackets.**

|  | Left Always | Left Mostly | Either | Right Mostly | Right always |
| --- | --- | --- | --- | --- | --- |
| Writing |  |  |  |  |  |
| Drawing |  |  |  |  |  |
| Throwing |  |  |  |  |  |
| Scissors |  |  |  |  |  |
| Toothbrush |  |  |  |  |  |
| Knife (without fork) |  |  |  |  |  |
| Spoon |  |  |  |  |  |
| Broom (upper hand) |  |  |  |  |  |
| Striking a Match (match) |  |  |  |  |  |
| Opening a Box (lid) |  |  |  |  |  |

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