



Perceived Stress Scale 4 (PSS-4)

The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH.

In each case, please circle your response representing HOW OFTEN you felt or thought a certain way.

| | Never | Almost Never | Some times | Fairly Often | Very Often |
|--|-------|--------------|------------|--------------|------------|
| 1. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt confident about your ability to handle your personal problems? | 4 | 3 | 2 | 1 | 0 |
| 3. In the last month, how often have you felt that things were going your way? | 4 | 3 | 2 | 1 | 0 |
| 4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |
| Calculate your circled number total: Lowest possible score: 0 Highest score: 16 Higher scores are correlated to more perceived stress | | | | | |

We recommend you complete this assessment each month. If you notice that you are consistently high scoring you may want to seek ways to manage your stress, like incorporating mindfulness practices into your daily routine.

Visit mindbodyalign.com for mindful resources.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). *A global measure of perceived stress*. *Journal of Health and Social Behavior*, 24, 385-396.

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