



ID: _____

Visit: Pre-randomization 05
6 month 08
18 month 10

Perceived Stress Questionnaire Date: ____ / ____ / _____

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, please check the item for how often you felt or thought a certain way.

- 1. In the last month, how often have you felt that you were unable to control the important things in your life?..... never 0
almost never 1
sometimes 2
fairly often 3
very often 4

- 2. In the last month, how often have you felt confident about your ability to handle your personal problems? never 0
almost never 1
sometimes 2
fairly often 3
very often 4

- 3. In the last month, how often have you felt that things were going your way? never 0
almost never 1
sometimes 2
fairly often 3
very often 4

- 4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? never 0
almost never 1
sometimes 2
fairly often 3
very often 4

Reviewed by (staff ID): _____
Entered by (staff ID): _____

Perceived Stress Questionnaire Overview

This self-administered questionnaire is designed to capture information about the participant's perceived stress level. It is administered at baseline (any time prior to randomization) and at the 6 and 18 month follow-up visits.

Administration Instructions

Using a blue or black pen, check the appropriate box to designate which visit this form (#25) was administered: Pre-randomization, 6, or 18 month. Only one box should be marked.

Instruct participant to fill out the form in blue or black pen. Participants should be encouraged to answer every question.

Participants may need clarification on what type of stress to report. The questions do not refer just to stress related to the PREMIER screening or intervention. Answers should include stress from work, relationships, or life in general.

Coding Instructions

No coding is required.

Review Instructions

Page 1 should be dated and have an ID label attached.

Check to be sure all items were completed. If any items were not completed, confirm with participant that they meant to skip the item. Participants are allowed to decline to answer any of the questions.