Psychological Stress Experiences – Short Form 8a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
EoS_P_011_PXR1	My child felt stressed.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_064_PXR1	My child felt that his/her problems kept piling up.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_067_PXR1	My child felt overwhelmed.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_112_PXR1	My child felt unable to manage things in his/her life.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_048_PXR1	Everything bothered my child	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_063_PXR1	My child felt under pressure.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_105_PXR1	My child had trouble concentrating.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_P_118_PXR1	My child felt he/she had too much going on.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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