Psychological Stress Experiences – Short Form 4a

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_011R1	I felt stressed.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EOS_P_064R1	I felt that my problems kept piling up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EOS_P_067R1	I felt overwhelmed.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EOS_P_112R1	I felt unable to manage things in my life..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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