Perceived Stress (Ages 13-17) – Item Bank/Fixed Form

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

	In the past month…	**Never**	**Almost Never**	**Sometimes**	**Fairly Often**	**Very Often**
SC011	How often have you been angered because of things that happened that were outside of your control?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SC014	How often have you felt difficulties were piling up so high that you could not overcome them?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SC007	How often have you felt that things were going your way?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SC001	How often have you been upset because of something that happened unexpectedly?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SC009	How often have you been able to control irritations in your life?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SC002	How often have you felt that you were unable to control the important things in your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SC003	How often have you felt nervous and “stressed”?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SC010	How often have you felt that you were on top of things?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SC008m	How often have you found that you could not handle (OR manage) all the things that you had to do?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SC006	How often have you felt confident about your ability to handle your personal problems?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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