Perceived Stress (Ages 8-12) Parent Report– 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**
SCPxy001m	How often was your child upset because of something that happened unexpectedly?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SCPxy002m	How often did your child appear frustrated by being unable to control or do something?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SCPxy003	How often did your child appear nervous and “stressed”?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SCPxy006m	How often did your child appear confident about his or her ability to handle personal problems?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SCPxy007m	How often did your child seem to feel things were going well?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SCPxy008m	How often did your child seem unable to cope with all the things that had to be done?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SCPxy009m	How often did your child seem able to control life's irritations?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SCPxy010m	How often did it seem that life was going well for your child?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SCPxy011m	How often did your child appear angered by things that happened outside of his/her control?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SCPxy014m	How often did difficulties pile up so high that your child did not seem able to overcome them?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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