

PERCEIVED STRESS SCALE 4 (PSSS-4)

Infant's name _____

Date _____

Mother's name _____

Infant's birth date _____

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month
In each case, please indicate with a check 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
	Almost never
	Sometimes
	Fairly often
	Very often
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	
	Never
	Almost never
	Sometimes
	Fairly often
	Very often
3. In the last month, how often have you felt that things were going your way?	
	Never
	Almost never
	Sometimes
	Fairly often
	Very often
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	
	Never
	Almost never
	Sometimes
	Fairly often
	Very often

Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.

Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.

Scoring for the Perceived Stress Scale 4:

Questions 1 and 4

0=never

1=almost never

2=sometimes

3=fairly often

4=very often

Questions 2 and 3

4=never

3=almost never

2=sometimes

1=fairly often

0=very often

Lowest score = 0

Highest score = 16

Higher scores are correlated to more stress.

