



# Perceived Stress Scale



1	<b>In the last month, how often have you been upset because of something that happened unexpectedly?</b>					
	Never Score - 0	Almost Never Score - 1	Sometimes Score - 2	Fairly Often Score - 3	Very Often Score - 4	
2	<b>In the last month, how often have you felt that you were unable to control the important things in your life?</b>					
	Never Score - 0	Almost Never Score - 1	Sometimes Score - 2	Fairly Often Score - 3	Very Often Score - 4	
3	<b>In the last month, how often have you felt nervous and "stressed"?</b>					
	Never Score - 0	Almost Never Score - 1	Sometimes Score - 2	Fairly Often Score - 3	Very Often Score - 4	
4	<b>In the last month, how often have you felt confident about your ability to handle your personal problems?</b>					
	Never Score - 4	Almost Never Score - 3	Sometimes Score - 2	Fairly Often Score - 1	Very Often Score - 0	
5	<b>In the last month, how often have you felt that things were going your way?</b>					
	Never Score - 4	Almost Never Score - 3	Sometimes Score - 2	Fairly Often Score - 1	Very Often Score - 0	
6	<b>In the last month, how often have you found that you could not cope with all the things that you had to do?</b>					
	Never Score - 0	Almost Never Score - 1	Sometimes Score - 2	Fairly Often Score - 3	Very Often Score - 4	
7	<b>In the last month, how often have you been able to control irritations in your life?</b>					
	Never Score - 4	Almost Never Score - 3	Sometimes Score - 2	Fairly Often Score - 1	Very Often Score - 0	
8	<b>In the last month, how often have you felt that you were on top of things?</b>					
	Never Score - 4	Almost Never Score - 3	Sometimes Score - 2	Fairly Often Score - 1	Very Often Score - 0	
9	<b>In the last month, how often have you been angered because of things that were outside of your control?</b>					
	Never Score - 0	Almost Never Score - 1	Sometimes Score - 2	Fairly Often Score - 3	Very Often Score - 4	
10	<b>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</b>					
	Never Score - 0	Almost Never Score - 1	Sometimes Score - 2	Fairly Often Score - 3	Very Often Score - 4	
<b>DATE:</b> <input type="text"/>					<b>TOTAL SCORE</b>	
<b>≤ 13 = Average/low stress, 14 to 19 = Moderate stress, ≥ 20 = High stress</b>						



# Signs of Stress

Date:



I get less and less pleasure from activities that I used to enjoy.

Simple things feel burdensome or difficult to accomplish.

I have trouble making decisions.

My memory and concentration are not as good as they used to be.

At times I feel overwhelmed and unable to control the important things in my life.

I feel less confident about my ability to handle my personal problems.

I lose track of little things, such as where I put my keys.

I have a shorter fuse these days. I'm more impatient, more on edge, and more easily frustrated or annoyed.

I worry over things I can't control.

I experience upsetting emotions such as fear, paranoia, dejection, worry, or pessimism to a greater degree or for prolonged periods.

At times, my agitation or frustration can reach the point that I bang on my desk with my fist, throw things, shout, or act-out in some other way.

I've become less social. I find myself wishing that people would stop bothering me, including friends and family.

I criticize my significant other more, tend to ruminate on the flaws in our relationship, bicker more and/or blame my partner for our problems.

My interest in sex has decreased.

I get sick more often than I think I should, catching colds and flu. I have developed or worry about developing serious health risks.

I have tension headaches or gastro-intestinal problems or muscle tension in the back, neck or jaw or all of the above.

I eat more to cope with my emotional state or I have lost my appetite.

I experience fatigue most days and at times become exhausted.

I'm having difficulty getting to sleep because I can't quiet down [or] I'm sleeping more than usual and not wanting to get out of bed.

I am using alcohol and/or tobacco and/or other substances to relieve stress.



Date

# Mindfulness



Mindful Attention Awareness Scale	Almost Always	Very Frequent	Somewhat Frequent	Somewhat Infrequent	Very Infrequent	Almost Never	Score
I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6	
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6	
I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6	
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6	
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6	
I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6	
It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6	
I rush through activities without being really attentive to them.	1	2	3	4	5	6	
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6	
I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6	
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6	
I drive places on 'automatic pilot' and then wonder why I went there.	1	2	3	4	5	6	
I find myself preoccupied with the future or the past.	1	2	3	4	5	6	
I find myself doing things without paying attention.	1	2	3	4	5	6	
I snack without being aware that I'm eating.	1	2	3	4	5	6	

÷ 15

← Total all scores &amp; enter in both slots →

AMS =

For your **Average Mindfulness Score (AMS)** divide Total Score by 15 (number of questions)

AMS of 1.0 to 2.9 = Low Level of Mindfulness || AMS of 3.0 - 4.9 = Moderate Level of Mindfulness  
AMS of 5.0 - 6.0 = High Level of Mindfulness