



LAW ENFORCEMENT FAMILIES PARTNERSHIP



SELF-TEST: STRESS

Perceived Stress Scale

For each question choose from the following alternatives:	Never	Almost Never	Sometimes	Fairly Often	Extremely Often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	1	2	3	4	5
2. In the last month, how often have you felt that you were unable to control the important things in your life?	1	2	3	4	5
3. In the last month, how often have you felt nervous and stressed?	1	2	3	4	5
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	1	2	3	4	5
5. In the last month, how often have you felt that things were going your way?	1	2	3	4	5
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	1	2	3	4	5
7. In the last month, how often have you been able to control irritations in your life?	1	2	3	4	5
8. In the last month, how often have you felt that you were on top of things?	1	2	3	4	5
9. In the last month, how often have you been angered because of things that happened that you were outside of your control?	1	2	3	4	5
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	1	2	3	4	5



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SELF-TEST: STRESS (Continued)

SCORING

To score this tool, add up your responses to the 10 items.

SCORE: _____

The higher your score, the greater the chance that you may be suffering from stress. Scores ranging from 0 – 13 are considered low stress. Scores ranging from 14 – 26 are considered moderate stress. Scores ranging from 27 – 50 are considered high stress.

This tool is not meant to diagnose stress, only to give you a way to assess whether or not you might need to seek further assessment or treatment.

If you have questions or would like further evaluation, please contact your employment assistance program (EAP), physician, or a mental health professional.