

INSTRUCTIONS

The questions in this scale ask you about your feelings and thoughts during **THE LAST MONTH**. In each case, you will be asked to indicate your response by placing an “X” over the circle representing **HOW OFTEN** you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don’t try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
	0	1	2	3	4
1. In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>				
2. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>				
3. In the last month, how often have you felt nervous and “stressed”?	<input type="radio"/>				
4. In the last month, how often have you dealt successfully with day to day problems and annoyances?	<input type="radio"/>				
5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	<input type="radio"/>				
6. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
7. In the last month, how often have you felt that things were going your way?	<input type="radio"/>				
8. In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>				
9. In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>				
10. In the last month, how often have you felt that you were on top of things?	<input type="radio"/>				

	Never	Almost Never	Sometimes	Fairly Often	Very Often
	0	1	2	3	4
11. In the last month, how often have you been angered because of things that happened that were outside of your control?	<input type="radio"/>				
12. In the last month, how often have you found yourself thinking about things that you have to accomplish?	<input type="radio"/>				
13. In the last month, how often have you been able to control the way you spend your time?	<input type="radio"/>				
14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>				