Assessing stress in the workplace

Staff Guide

## The Perceived Stress Assessment Tool

The Perceived Stress Scale is a classic stress assessment instrument designed to measure individual stress levels by looking at how different situations affect our feelings and thinking.

The questions will ask you to rate your feelings and thoughts during the last month and indicate how often you felt or thought a certain way. Treat all the questions as separate. Answer fairly quickly, using what seems like a reasonable estimate.

Individual scores on the PSS can range from 0 to 40, with higher scores indicating higher perceived stress:

Scores of 0-13: Low Stress

Scores of 14-25: Moderate Stress

Scores of 27-40: High Perceived Stress

Please note that your score does not represent a diagnosis or course of treatment, but is meant to reflect how you perceive and process what is happening in your life.

If you have high scores on perceived stress, you may want to raise this with your manager and seek support from our Occupational Health service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Never-0 | Almost Never-1 | Sometimes -2 | Fairly Often-3 | Very Often-4 |
| In the last month, how often have you been upset because of something that happened unexpectedly? |  |  |  |  |  |
| In the last month, how often have you felt you were unable to control the important things in your life? |  |  |  |  |  |
| In the last month, how often have you felt nervous and stressed? |  |  |  |  |  |
| In the last month, how often have you felt confident about your ability to handle your personal problems?\* |  |  |  |  |  |
| In the last month, how often have you felt that things were going your way?\* |  |  |  |  |  |
| In the last month, how often have you found that you could not cope with all the things that you had to do? |  |  |  |  |  |
| In the last month, how often have you been able to control irritations in your life?\* |  |  |  |  |  |
| In the last month, how often have you felt that you were on top of things?\* |  |  |  |  |  |
| In the last month, how often have you been angered because of things that happened that were outside of your control? |  |  |  |  |  |
| In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? |  |  |  |  |  |

\*Reverse score 4, 5, 7, 8