

WIHSID

	Not at all	A little bit	Moderately	Quite a bit	Extremely
f. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it.....	1	2	3	4	5
g. Avoiding activities or situations because they reminded you of a stressful experience	1	2	3	4	5
h. Trouble remembering important parts of a stressful experience	1	2	3	4	5
i. Loss of interest in activities that you used to enjoy.....	1	2	3	4	5
j. Feeling distant or cut off from other people.....	1	2	3	4	5
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.....	1	2	3	4	5
l. Feeling as if your future will somehow be cut short.....	1	2	3	4	5
m. Trouble falling or staying asleep.....	1	2	3	4	5
n. Feeling irritable or having angry outbursts.....	1	2	3	4	5
o. Having difficulty concentrating	1	2	3	4	5
p. Being “super-alert” or watchful or on guard	1	2	3	4	5
q. Feeling jumpy or easily startled	1	2	3	4	5

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“PERCEIVED STRESS SCALE-10”

PROMPT: HAND PARTICIPANT FOLLOW-UP RESPONSE CARD P2.

B2. Over the *past month*, how frequently have you...

	Never	Almost never	Sometimes	Fairly often	Very often
a. Been upset because of something that happened unexpectedly	1	2	3	4	5
b. Felt that you were unable to control the important things in your life.....	1	2	3	4	5
c. Felt nervous and “stressed”	1	2	3	4	5
d. Felt confident about your ability to handle your personal problems.....	1	2	3	4	5
e. Felt that things were going your way.....	1	2	3	4	5
f. Found that you could not cope with all the things that you had to do	1	2	3	4	5
g. Been able to control irritations in your life	1	2	3	4	5
h. Felt that you were on top of things	1	2	3	4	5
i. Been angered because of things that were outside of your control	1	2	3	4	5
j. Felt difficulties were piling up so high that you could not overcome them.....	1	2	3	4	5

B3. TIME MODULE ENDED

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AM..... 1

PM..... 2