

**INSTRUCTIONS:**

The questions in this scale ask you about your feelings and thoughts during **THE LAST MONTH**. In each case, please indicate your response by placing an "X" over the circle representing **HOW OFTEN** you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
	0	1	2	3	4
1. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>