



**IN THE PAST WEEK, have you felt:**

- |                                                             |                          |                          |                          |                          |                          |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1...calm?                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 2...strained?                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 3...inadequate?                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 4...overextended?                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 5...confident?                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 6...bored?                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 7...no sense of getting ahead?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 8...swamped by your responsibilities?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 9...that the odds were against you?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 10...that there wasn't enough time<br>to get to everything? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 11...generous?                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 12...like you were rushed?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 13...like you couldn't cope?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 14...like you had a lot on your mind?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |
| 15...like nothing was going right?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                             | <b>Not At All</b>        |                          |                          |                          | <b>A Lot</b>             |

**IN THE PAST WEEK, have you felt:**

- 16...carefree?       
Not At All A Lot
- 17...powerless?       
Not At All A Lot
- 18...overcommitted?       
Not At All A Lot
- 19...like your life was “out of control”?       
Not At All A Lot
- 20...like things kept piling up?       
Not At All A Lot
- 21...like you could focus on the important things?       
Not At All A Lot
- 22...like you had to make quick decisions?       
Not At All A Lot
- 23...like asking “what else can go wrong?”       
Not At All A Lot
- 24...like you didn’t have time to breathe?       
Not At All A Lot
- 25...like things couldn’t get worse?       
Not At All A Lot
- 26...peaceful?       
Not At All A Lot
- 27...like there was no escape?       
Not At All A Lot
- 28...like you were carrying a heavy load?       
Not At All A Lot
- 29...like just giving up?       
Not At All A Lot
- 30...like there was “too much to do, too little time”?       
Not At All A Lot

**THANK YOU!**

**On the next page, could you please tell us a little about yourself?**

## BACKGROUND INFORMATION

Your **AGE:** \_\_\_\_\_ years

Your **SEX:**             Male             Female

Your **ETHNIC BACKGROUND:**

- African-American
- Asian / Pacific Islander
- Native American
- White
- Mixed / Other (please specify: \_\_\_\_\_ )

Do you consider yourself Hispanic / Latino?     Yes     No

Your **EDUCATION** (highest completed level):

- |                                                     |                                                         |
|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Some Grammar School        | <input type="checkbox"/> Finished Grammar School        |
| <input type="checkbox"/> Some High School           | <input type="checkbox"/> High School Diploma / G.E.D    |
| <input type="checkbox"/> Some College / A.A. Degree | <input type="checkbox"/> College Degree (B.A., B.S.)    |
| <input type="checkbox"/> Masters Degree             | <input type="checkbox"/> Graduate / Professional Degree |

Your **HOUSEHOLD INCOME:**

- |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Less than \$15,000     | <input type="checkbox"/> \$15,000 to \$24,999   |
| <input type="checkbox"/> \$25,000 to \$39,999   | <input type="checkbox"/> \$40,000 to \$59,999   |
| <input type="checkbox"/> \$60,000 to \$99,999   | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$150,000 to \$199,999 | <input type="checkbox"/> Over \$200,000         |

The **NUMBER OF PEOPLE IN YOUR HOUSEHOLD:** \_\_\_\_\_

Your **OCCUPATION:** \_\_\_\_\_

Any **COMMENTS?** \_\_\_\_\_

\_\_\_\_\_

# S. O. S.

## Scoring Instructions

**STEP 1:** Ignore responses to Items #1, #6, #11, #16, #21, and #26. These are filler items.

**STEP 2:** Assign a numerical score to each response. A “Not At All” response is scored as a “1”, while an “A Lot” response is scored as a “5”. A response between these extremes is assigned a numerical score according to its position; that is, a “2”, “3”, or “4”. **Note that Item #5 is reverse-keyed.** For Item #5 only, a response of “Not At All” is scored as a “5”, an “A Lot” response is scored “1”, and in-between responses are scored accordingly.

**STEP 3:** Enter the numerical scores in the appropriate column below:

<b>SCALE 1</b> <i>(Odd-Numbered Items)</i>		<b>SCALE 2</b> <i>(Even-Numbered Items)</i>	
Item	Score	Item	Score
#3	_____	#2	_____
#5 (R)	_____	#4	_____
#7	_____	#8	_____
#9	_____	#10	_____
#13	_____	#12	_____
#15	_____	#14	_____
#17	_____	#18	_____
#19	_____	#20	_____
#23	_____	#22	_____
#25	_____	#24	_____
#27	_____	#28	_____
#29	_____	#30	_____

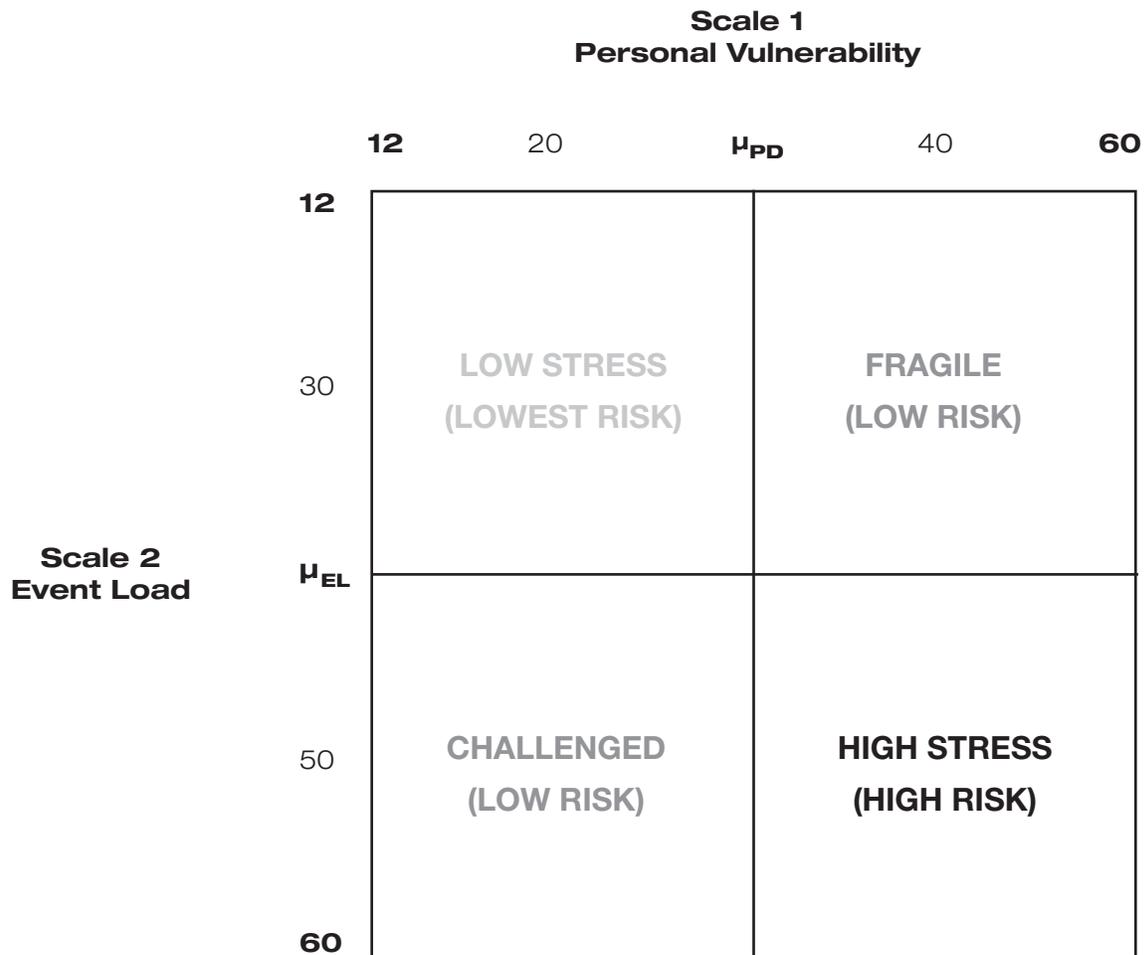
**STEP 4:** Add the scores in each column:

**TOTAL 1 = \_\_\_\_\_**  
**(Personal Vulnerability Scale)**

**TOTAL 2 = \_\_\_\_\_**  
**(Event Load Scale)**

**STEP 5:** For **CONTINUOUS SCORING:** Add Total 1 and Total 2.

For **CATEGORICAL SCORING:** Use these totals to locate the appropriate diagnostic quadrant for the respondent on the grid below:



**NOTE:** In normative samples (combined  $n = 1518$ ), mean values were  $\mu_{PD} = 28$  and  $\mu_{EL} = 38$ . However, means might vary with the nature of the population under study.