

Circle one answer for each sentence.
Please press hard when marking your responses.

1. Often I feel sick in my stomach. Yes No
2. I am nervous. Yes No
3. I often worry about something bad happening to me. Yes No
4. I fear other kids will laugh at me in class. Yes No
5. I have too many headaches. Yes No
6. I worry that others do not like me. Yes No
7. I wake up scared sometimes. Yes No
8. I get nervous around people. Yes No
9. I feel someone will tell me I do things the wrong way. Yes No
10. I fear other people will laugh at me. Yes No

Continue with Item 11 unless you have been told to stop here.

11. I have trouble making up my mind. Yes No
12. I get nervous when things do not go the right way for me. Yes No
13. Others seem to do things easier than I can. Yes No
14. I like everyone I know. Yes No
15. Often I have trouble getting my breath. Yes No
16. I worry a lot of the time. Yes No
17. I feel bad if people laugh at me. Yes No
18. I am afraid of a lot of things. Yes No
19. I am always kind. Yes No
20. I get mad easily. Yes No
21. I worry about what my parents will say to me. Yes No
22. I feel that others do not like the way I do things. Yes No
23. I am afraid to give a talk to my class. Yes No
24. I always have good manners. Yes No

continue on back page

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Published by
WESTERN PSYCHOLOGICAL SERVICES
wps 12031 Wilshire Boulevard
Los Angeles, CA 90025-1251
Publishers and Distributors

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W-467A

What I Think and Feel (RCMAS-2)

AutoScore™ Form

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Directions

First fill in the background information. If you don't know your ID number, ask your examiner.

The sentences on this form tell how some people think and feel about themselves. Read each sentence carefully, then circle the word that shows your answer. Circle *Yes* if you think the sentence is *true* about you. Circle *No* if you think it is *not true* about you. Give an answer for every sentence, even if it is hard to choose one that fits you. Do not circle both *Yes* and *No* for the same sentence. If you want to change an answer, draw an X through your first answer and then circle your new choice.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself, "Is it true about me?" If it is, circle *Yes*. If it is not, circle *No*.

Date: SAMPLE

Name or ID number: SAMPLE

Age: 11 Grade: 6 Gender: Girl Boy

Race/Ethnicity: American Indian/Alaska Native
 Asian
 Black/African American
 Hispanic/Latino
 Native Hawaiian/Pacific Islander
 White
 Other

School: SAMPLE

Examiner: SAMPLE

Figure 1
Completed RCMAS-2 AutoScore™ Form

25. It is hard for me to get to sleep at night. Yes No
26. I worry about what other people think about me. Yes No
27. I feel alone even when there are people with me. Yes No
28. I get teased at school. Yes No
29. I am always good. Yes No
30. My feelings get hurt easily. Yes No
31. My hands feel sweaty. Yes No
32. I worry about making mistakes in front of people. Yes No
33. I am always nice to everyone. Yes No
34. I am tired a lot. Yes No
35. I worry about what is going to happen. Yes No
36. Other people are happier than I am. Yes No
37. I am afraid to speak up in a group. Yes No
38. I tell the truth every single time. Yes No
39. I have bad dreams. Yes No
40. I get angry sometimes. Yes No
41. I worry about being called on in class. Yes No
42. I worry when I go to bed at night. Yes No
43. It is hard for me to keep my mind on my schoolwork. Yes No
44. I sometimes say things I should not say. Yes No
45. I worry about someone beating me up. Yes No
46. I wiggle in my seat a lot. Yes No
47. A lot of people are against me. Yes No
48. I have told a lie. Yes No
49. I worry about saying something dumb. Yes No

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**Figure 1 (continued)
Completed RCMAS-2 AutoScore™ Form**