

- | | | |
|---|---|-----------------------------|
| T | F | 1. I can control my temper. |
| T | F | 2. I don't worry much. |
| T | F | 3. I can handle my fears. |

SAMPLE

DIRECTIONS

First fill in the background information. Ask your examiner how to fill in the spaces for the ID Numbers. This answer sheet presents a list of statements about some of the things you may think or feel. Read each statement to see if it is true for you. Circle **T** for that statement if it is true for you, or **F** if it is not true for you. Either answer is OK, but you can't circle both **T** and **F**. If you want to change your first answer, draw an **X** through it, and then circle the new answer. There are no right or wrong answers. Read each statement carefully and choose the answer that fits you. **Please press hard when marking your responses.**

Name: _____ Age: _____ ID Number: _____

Gender (REQUIRED): Male Female Grade: 3 4 5 6 7 8 9 10 11 12

Ethnicity: Asian Black Hispanic Native American White Other: _____ Date: _____

Examiner's Name: _____ Examiner ID Number: _____