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Revised Children’s Manifest Anxiety Scale: Second Edition (RCMAS-2)

Availability:	Please visit this website for more information about the instrument: Revised Children’s Manifest Anxiety Scale
Classification:	Supplemental: Spinal Cord Injury (SCI)-Pediatric
Short Description of Instrument:	<p>Summary/Overview of Instrument: The RCMAS-2 is an updated version of the RCMAS and retains some of the positive features from the original. It is relatively short and has a simple yes/no response format. The test is at an elementary reading level and uses content-based item clusters to help identify children's problems and focus on intervention. There is also a Short Form, updated and ethnically diverse norms, and an Inconsistent Responding index. The test is used to identify the source and levels of anxiety in children in order to reduce these stress levels. Types of stress levels measured by the RCMAS-2 include academic stress, test anxiety, peer and family conflicts, and drug problems.</p> <p>Construct measured: Anxiety</p> <p>Intended respondent: Patient.</p> <p># of items: 49 yes and no items</p> <p>Names of sub-scales:</p> <p>Physiological anxiety</p> <p>Worry</p> <p>Social anxiety</p> <p>Defensiveness</p> <p>Inconsistent responding index</p> <p>Special Requirements for administration: None.</p> <p>Administration time: About 10–15 minutes.</p> <p>Translations: Available in Italian and Spanish</p>
Scoring:	The Total Anxiety score and four separate subscales are derived from the responses of the 49 test items. The Short Form, composed of the first 10 items, requires less than 5 minutes to complete. There is also an audio CD for younger children and those with reading or attention problems.

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References:	<p>Anderson, C. J., Kelly, E. H., Klaas, S. J., Russell, H., Daharsh, E., & Vogel, L. C. (2009). Anxiety and depression in children and adolescents with spinal cord injuries. <i>Dev Med Child Neurol</i>, 51(10), 826–832.</p> <p>Flanagan, A., Kelly, E. H., & Vogel, L. C. (2013). Psychosocial outcomes of children and adolescents with early-onset spinal cord injury and those with spina bifida. <i>Pediatr Phys Ther</i>, 25(4), 452–459.</p> <p>Garma, S. I., Kelly, E. H., Daharsh, E. Z., & Vogel, L. C. (2011). Health-related quality of life after pediatric spinal cord injury. <i>J Pediatr Psychol</i>, 36(2), 226–236.</p> <p>Kelly, E. H., Anderson, C. J., Garma, S. I., Russell, H. F., Klaas, S. J., Gorzkowski, J. A., & Vogel, L. C. (2011). Relationships between the psychological characteristics of youth with spinal cord injury and their primary caregivers. <i>Spinal Cord</i>, 49(2), 200–205.</p> <p>Kelly, E. H., & Vogel, L. C. (2013). Overview of psychosocial health among youth with spinal cord injury. <i>Top Spinal Cord Inj Rehabil</i>, 19(2), 129–141.</p> <p>Klaas, S. J., Kelly, E. H., Anderson, C. J., & Vogel, L. C. (2014). Depression and anxiety in adolescents with pediatric-onset spinal cord injury. <i>Top Spinal Cord Inj Rehabil</i>, 20(1), 13–22.</p> <p>Riordan, A., Kelly, E. H., Klaas, S. J., & Vogel, L. C. (2015). Psychosocial outcomes among youth with spinal cord injury by neurological impairment. <i>J Spinal Cord Med</i>, 38(1), 76–83.</p> <p>Russell, H. F., January, A. M., Kelly, E. H., Mulcahey, M. J., Betz, R. R., & Vogel, L. C. (2015). Patterns of coping strategy use and relationships with psychosocial health in adolescents with spinal cord injury. <i>J Pediatr Psychol</i>, 40(5), 535–543.</p>
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