HOW SHY ARE YOU?: Take the Shyness Quiz to find out.

1. How often do you experience feelings of shyness?
   1. Once a month or less
   2. Nearly every other day
   3. Constantly, several times a day

2. Compared with your peers, how shy are you?
   1. Much less shy
   2. About as shy
   3. Much more shy

3. "Shyness makes me feel symptoms such as a racing heart and sweaty palms." This description is ... 
   1. Not like me
   2. Somewhat like me
   3. A lot like me

4. "Shyness makes me think others are reacting negatively to what I do and say." This description is ... 
   1. Not like me
   2. Somewhat like me
   3. A lot like me

5. "Shyness keeps me from behaving appropriately in social settings -- for example, introducing myself or making conversation." This description ... 
   1. Not like me
   2. Somewhat like me
   3. A lot like me

6. "Shyness appears when I'm interacting with someone to whom I'm attracted. This description is ... 
   1. Not like me
   2. Somewhat like me
   3. A lot like me

7. "Shyness appears when I'm interacting with someone in a position of authority (e.g., supervisors at work, professors, experts in their field)." This description is ... 
   1. Not like me
   2. Somewhat like me
   3. A lot like me

Scoring the Shyness Quiz: Add together the numbers that correspond to your responses to each of the seven items in the Shyness Quiz.

7-11: Not at all to slightly shy: Shyness does not seem to be much of a problem for you. Congratulations!
12-16: *Moderately shy*: Shyness seems to be a frequent barrier in your life.
17-21: *Very Shy*: Shyness is preventing you from reaching your full potential in life.

**Tell us more about your shyness**
To participate in Prof. Carducci's on-going research on shyness, tell us more about your shyness. Feel free to use additional sheets to answer these items:

1. Describe what factors you believe have contributed to your shyness.
2. Describe how your shyness is expressed.
3. Describe what problems your shyness has created for you in your personal, social, and/or professional life.
4. Describe what you have tried to do to overcome your shyness.
5. What about your shyness would you like to know more about?
6. What else would you like to say about your shyness?

For research purposes, please include the following information:
Your age:
Date of Birth:
Your occupation:
Ethnic identification:
Education:
Marital Status:
Nationality:

E-mail your answers to the *Shyness Quiz* and extended responses to Professor Carducci at: bcarducc@ius.edu

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