



Self-Esteem Quiz

Patient Name

DOB

Female

Other

Provider Name

Date

Male

1. Do you frequently compare yourself to other people? YES NO
2. Do you frequently feel self-conscious? YES NO
3. Do you beat yourself up mentally when you make a mistake? YES NO
4. When you make a mistake, do you assume others are thinking about or talking about what you did? YES NO
5. Do you think more negative thoughts about yourself than positive thoughts? YES NO
6. Does your fear of failure prevent you from doing things you would like to do? YES NO
7. Do you have one or more physical features that you have difficulty accepting? YES NO
8. Do you fear making a mistake in front of other people? YES NO
9. Do you experience anxiety in social situations? YES NO
10. Do you feel bad about your past mistakes? YES NO
11. Does it bother you considerably when others disapprove of you? YES NO
12. Do you do things you don't want to do out of fear of disapproval and rejection? YES NO
13. Do you minimize the things about yourself that are good? YES NO
14. Do you believe you deserve whatever treatment people give you because you must have done something to cause it? YES NO
15. Do you spend a considerable amount of time worrying about how you look? YES NO
16. Do you believe that if people could see the real you that they wouldn't like you? YES NO
17. Do you judge yourself as inadequate in any area of your life? YES NO
18. Do you feel incompetent most of the time? YES NO
19. When others disagree with you or criticize you, do you assume you must be wrong and they are right? YES NO
20. Do you judge your worth by the people you hang out with? YES NO

If you answered yes to any questions, see your score below to rate your self-esteem.

0-3 yes answers: You have good self-esteem.

4-7 yes answers: You have mildly low self-esteem.

8-11 yes answers: You have moderately low self-esteem.

12 or more yes answers: You have very low self-esteem.



NOTES: