

Self-Concept Inventory

Describe the feelings you have about yourself (both positive and negative) in the following areas.

| | |
|---|--|
| Name | |
| Physical Appearance | |
| How I Relate To Others | |
| Personality | |
| How Others See Me | |
| Performance At School Or Work | |
| Performance At Daily Tasks of Life | |
| Mental Functioning | |
| Friends, Romance, Sexuality | |

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