



The Centre For Cognitive - Behavioural Therapy

Professional, Confidential Counselling



Self Esteem Questionnaire

Do you suffer from the following symptoms?. Answer yes/no to the following questions

1	Do you feel guilty?	Yes / No
2	Do you feel low in energy?	Yes / No
3	Do you feel tired?	Yes / No
4	Do you have trouble making decisions?	Yes / No
5	Do you dislike your appearance?	Yes / No
6	Have you gained or lost weight without trying to?	Yes / No
7	Do you feel nervous?	Yes / No
8	Do you have trouble getting or staying asleep?	Yes / No
9	Do you find you are sleeping more than usual?	Yes / No
10	Do you dislike/hate yourself?	Yes / No
11	Do you feel worthless?	Yes / No
12	Have you withdrawn from others socially?	Yes / No
13	Do you find a loss of pleasure in activities?	Yes / No
14	Are you agitated and fidgety?	Yes / No
15	Do you criticise/judge yourself?	Yes / No
16	Do you lack motivation to do things?	Yes / No
17	Do you look back on a lot of failures in you life?	Yes / No
18	Do you have extremely high standards of behaviour for yourself and others?	Yes / No
19	Do you over emphasise your weaknesses and imperfections?	Yes / No
20	Do you have thoughts of suicide?	Yes / No