

Name _____ **Self Esteem**

Compare it with the first rating.

Did thinking about the things you do well change your opinion of yourself?
Explain.

For the next seven days, rate your self esteem every day. Complete the table below.

Day	How many stars? (1 - 10)	Things that made me feel good.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		