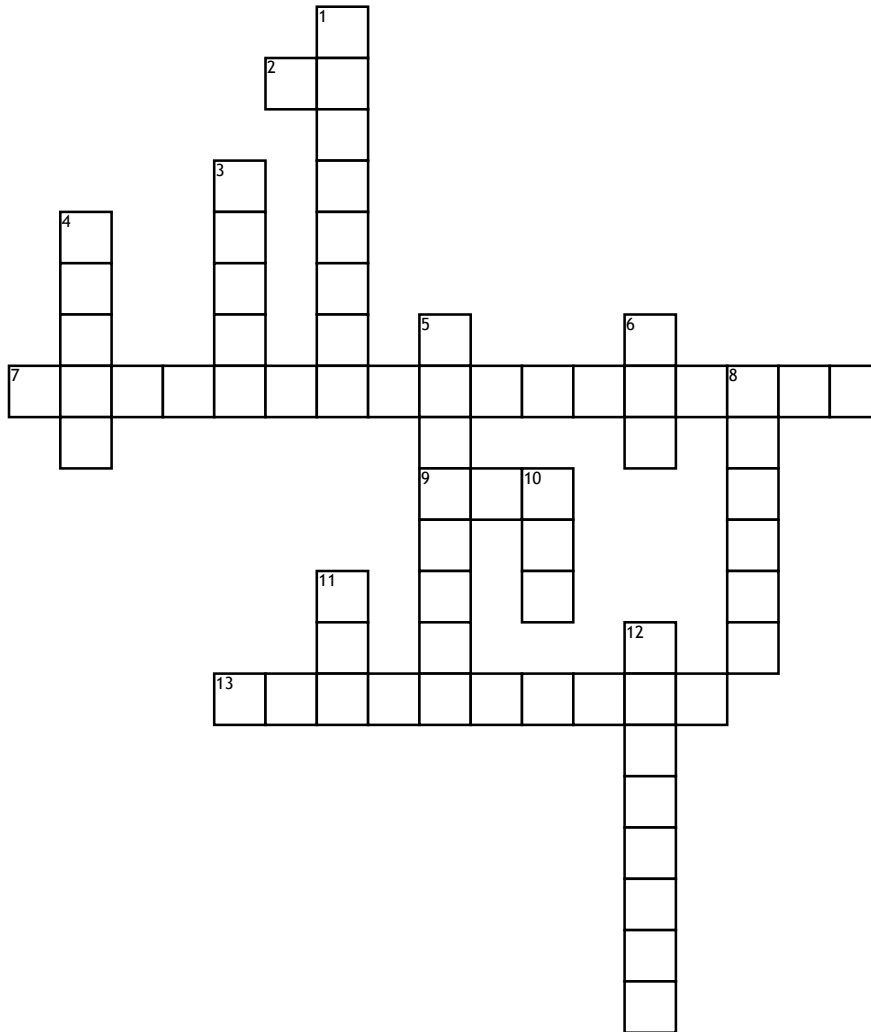


Name: _____

Date: _____

RED BALLON



Across

- 2. Do you feel good about your self with the regular validation from others
- 7. are you nervous around important people that you want to impress
- 9. no, not at
- 13. Do you get nervous when speaking out loud or to strangers

Down

- 1. Are you sensitive to criticism
- 3. How often do you think positive of yourself
- 4. when talking with others do you feel comfortable with looking them in the eyes
- 5. Do you believe you are inferior to others in some ways

- 6. do you worry what other people think of you
- 8. Are you afraid of what someone else may think of you
- 10. How do you rate your level of self esteem
- 11. Do you enjoy your own company
- 12. Are you satisfied with the person you turned out to be so far

Word Bank

- | | | | |
|------------|------------|--------|----------------------|
| Slightly | Somewhat | Yes | majority of the time |
| all | Absolutely | Indeed | Low |
| not at all | no way | No | Yes |
| Never | | | |