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A Review of the Rosenberg Self-Esteem Scale (RSES): Interpretive Guidelines, Clinical and Community Age-Based Normative Comparisons

The Rosenberg Self-Esteem Scale (RSES) is a 10-item self-report measure designed to assess self-esteem. This technical review reviews normative data and psychometric properties, and presents qualitative descriptors to help clinicians better understand and utilise the assessment in practice.

View the RSES on NovoPsych.com.au

July 2025

Developer

The Rosenberg Self-Esteem Scale (RSES) was developed by Rosenberg (1965):

> Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures Package*, *61*(52), 18. https://psycnet.apa.org/doi/10.1037/t01038-000

This document was developed by NovoPsych to review contemporary literature, describe original scoring methodologies, provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Rosenberg Self-Esteem Scale (RSES) is a 10-item self-report measure to assess self-esteem in individuals aged 12 years and over (Rosenberg, 1965). It is one of the most widely utilised measures of self-esteem in psychological research and clinical practice (Sinclair et al., 2010). The RSES was designed to capture "a positive or negative attitude toward the self as a totality" operationalising the theoretical construct of global self-acceptance (Rosenberg, 1965). The RSES is grounded in Rosenberg's conceptualisation of self-esteem as a fundamental dimension of self-evaluation that encompasses an individual's overall sense of worth and personal value.

The RSES comprises two subscales distinguishing between instrumental self-evaluation and intrinsic self-worth:

- **Self-Competence (SC)**: assesses confidence in personal capabilities and sense of efficacy, reflecting the instrumental dimension of self-evaluation. This subscale captures beliefs about one's ability to achieve goals and handle challenges effectively, with items focusing on feeling capable, having good qualities, and being able to do things as well as others.

- **Self-Liking (SL)**: measures intrinsic self-worth and personal acceptance, representing the affective dimension of self-evaluation. This subscale reflects fundamental feelings about oneself as a person, independent of specific achievements, with items addressing overall satisfaction with oneself, feelings of worth, and positive self-regard.

The scale is suitable for individuals aged 12 years and above, spanning adolescence through late adulthood across diverse populations, from community samples to clinical groups presenting with various mental health conditions (Sinclair et al., 2010; Orth & Robins, 2014). Its brevity and accessibility make it particularly suitable for routine clinical assessment and repeated measurement contexts where participant burden must be minimised. The scale maintains balanced content with five positively worded items (e.g., "I feel that I have a number of good qualities") and five negatively worded items (e.g., "At times I think I am no good at all"). This approach was designed to control for acquiescence bias whilst ensuring comprehensive coverage of self-evaluative content.

Clinical Utility of the RSES

Extensive research supports the clinical relevance of RSES scores, with low self-esteem consistently linked to depression, anxiety, and psychological distress (Gray-Little et al., 1997). Furthermore, longitudinal evidence indicates that low self-esteem prospectively predicts later depressive symptoms, independent of prior mood states (Orth et al., 2008). The scale also shows meaningful relationships with life satisfaction, interpersonal functioning, and treatment outcomes across various psychological interventions. These associations highlight the role of self-esteem as a transdiagnostic factor that may contribute to both the development and maintenance of psychological difficulties.

Clinicians can utilise the RSES for multiple purposes within therapeutic contexts. As a screening tool, it helps identify low levels of self-esteem which may maintain psychological difficulties, particularly in cognitive-behavioural case formulations for depression and anxiety. For treatment planning, it can indicate the need for specific self-esteem interventions, such as self-compassion modules or cognitive restructuring targeting negative self-beliefs. The scale proves particularly valuable for tracking therapeutic progress, as it can detect meaningful change over treatment periods (Sinclair et al., 2010).

Psychometric Properties

RSES Content Validity

The RSES demonstrates robust construct validity through extensive factor analytic and item response theory investigations. Convergent validity is well-established through strong correlations with theoretically related constructs, including life satisfaction, extraversion, and positive affectivity (Schmitt & Allik, 2005). Discriminant validity is evidenced by appropriate correlations with distinct constructs; the scale correlates negatively with neuroticism whilst showing minimal associations with cognitive abilities or social desirability measures. Criterion validity is supported by the scale's ability to differentiate between clinical and community samples and its predictive utility for therapeutic outcomes.

Internal Consistency of the RSES

Internal consistency reliability consistently meets acceptable standards across diverse populations. Meta-analytic evidence indicates Cronbach's $\alpha \approx .80$ (Gray-Little et al., 1997), with more recent studies reporting values ranging from $\alpha = .85$ in U.S. community samples (Sinclair et al., 2010) to $\alpha = .88$ in international samples (Wongpakaran & Wongpakaran, 2012). The scale demonstrates excellent internal consistency across demographic subgroups, with coefficient alpha values typically ranging from .84 to .95, indicating strong item coherence regardless of age, gender, or cultural background. Test-retest reliability shows strong temporal stability, with correlations of $r = .85$-$.88$ across 1-2 week intervals (APA, 2023) and $r = .63$ across seven months (Rosenberg, 1965), suggesting that the scale captures relatively stable individual differences in self-esteem whilst remaining sensitive to meaningful change.

RSES Dimensionality

Factor analytic studies show evidence for the RSES as a unidimensional measure of global self-esteem. Although some investigations suggest a two-factor structure, these factors correspond to positively and negatively worded items rather than substantively distinct constructs. Early interpretations assigned various labels to these factors (e.g., "positive self-regard" versus "self-deprecation"), but subsequent analyses have demonstrated that this apparent dimensionality is the result of method effects associated with item wording direction rather than meaningful psychological distinctions (Huang & Dong, 2012; Marsh, Scalas, & Nagengast, 2010). When method effects are appropriately modelled through bifactor analysis, the scale demonstrates a unidimensional structure with a single general self-esteem factor accounting for the majority of item variance (Hyland et al., 2014). Principal components analysis typically reveals that the first component explains approximately 55% of item-level variance, with item loadings consistently exceeding .60 across diverse samples (Sinclair et al., 2010). This unidimensional structure supports the use of a single total score for clinical interpretation and research applications.

RSES Total Score Normative Data

Normative data for the total score are available from Sinclair et al. (2010), who examined 503 U.S. adults recruited to approximate the characteristics of the general U.S. population, with a mean (SD) age of 44.7 (16.3), ranging from 18-87 and comprising 51.9% females. Differences between male and female scores were minimal, with a mean(SD) of 22.43(6.21) for males and 22.79(5.41) for females. Clinical samples typically demonstrate substantially lower means, with depressed populations often scoring in the 12-15 range, highlighting the influence of psychological distress on scale scores. Age effects are pronounced and indicate gradual increases in self-esteem from adolescence through older adulthood. As a result, NovoPsych has adjusted the normative reference groups by age, described in more detail below.

Based on Sinclair et al. (2010), NovoPsych has established interpretive guidelines using the mean and standard deviation of the total score (M = 22.62(5.80)). The guidelines below provide clinicians with empirically grounded benchmarks for score interpretation. The Very Low range (1st-14th percentiles) represents significant self-esteem difficulties observed in fewer than 14% of community adults. The Low range encompasses the 15th-29th percentiles, indicating below-average self-esteem. Average self-esteem is represented by percentiles between the 30th and 70th, reflecting typical community functioning. High self-esteem corresponds to the 71st to the 85th percentiles, indicating notably positive self-regard that exceeds approximately seven-tenths of the normative sample. Very High self-esteem which, while potentially reflecting genuine self-confidence, may indicate potentially defensive or unrealistic self-appraisal, is represented by scores on the 86th percentile and above.

Very Low	1st-14th
Low	15th-29th
Average	30th-70th
High	71st-85th
Very High	86th+

To account for age differences in average self-esteem across the lifespan, NovoPsych applied these interpretive guidelines to two age-based normative reference groups. These two groups are 25 years old and younger (25U), and those older than 25 years (26O). The total score means and standard deviations for these groups are: 25U = 19.76(5.57), 26O = 23.30(5.46).

Clinical norms for comparison to the Sinclair et al. (2010) community sample are reported here from a sample of treatment-seeking adults (n = 12,106) by NovoPsych (Bartholomew et al., 2025), with a mean(SD) total score of 15.09(6.99). This treatment seeking sample had a mean age(SD) of 35.68(13.14) years, comprising 55.47% females, 35.89% males, with 8.64% not reporting. The lower mean score compared to community norms demonstrates the expected pattern of reduced self-esteem among individuals seeking psychological treatment, with the treatment seeking sample mean falling approximately 1.3 standard deviations below community norms.

RSES Subscale Norms, and Item Attribution Clarification

The literature contains inconsistencies in how RSES subscale items have been attributed to the Self-Competence and Self-Liking dimensions. The original and correct item assignments derive from Tafarodi and Milne (2002), who conducted the foundational factor analytic work establishing these subscales. According to their research, self-competence comprises items 3, 4, 5, 7, and 9, and self-liking comprises items 1, 2, 6, 8, and 10.

However, subsequent studies, including the widely-cited work by Sinclair et al. (2010), do not follow Tafarodi and Milne's subscale attribution methodology but instead, inadvertently used different item groupings (items 1-5 for Self-Competence and items 6-10 for Self-Liking). This discrepancy means that the subscale-level normative data reported in Sinclair et al. (2010) were calculated using incorrect item assignments that do not align with the subscale structure established by Tafarodi and Milne (2002).

Scoring & Interpretation

RSES Total Score and Subscale Scores

The scale yields a single total score ranging from 0 to 30, with higher scores indicating more positive self-esteem. Subscale scores range from 0-15 and are listed below:

Self-Competence (5 items: 3, 4, 5, 7, 9): assesses confidence in personal capabilities and sense of efficacy, reflecting beliefs about one's ability to achieve goals and handle challenges effectively.

Self-Liking (5 items: 1, 2, 6, 8, 9, 10): measures intrinsic self-worth and personal acceptance, representing fundamental feelings about oneself as a person independent of specific achievements.

RSES Interpretive Guidelines

Score interpretation follows empirically derived percentile guidelines based on the total score of the community sample reported in Sinclair et al. (2010):

- **Very low** scores fall at and below the 14th percentile and indicate significant self-esteem difficulties associated with elevated psychological distress and increased vulnerability to mood disorders.
- **Low** scores range from the 15th to 29th percentiles, representing below-average self-esteem that may contribute to psychological difficulties and warrant therapeutic attention.
- **Average** scores fall between the 30th and 70th percentiles, representing typical self-esteem levels consistent with community norms and psychological well-being.
- **High** scores fall between the 71st and 85th percentile, indicating notably positive self-esteem that surpasses approximately two-thirds of community adults, though very elevated scores may warrant additional assessment to distinguish healthy self-regard from potentially inflated presentations.
- **Very high** equates to at and above the 86th percentile, which, while potentially reflecting genuine self-confidence, may indicate potentially defensive or unrealistic self-appraisal.

RSES Age-Based Normative Reference Groups and Clinically Meaningful Change

These guidelines are used in combination with two age-based normative comparison groups, meaning that depending on the age of the client, whether they are in the 25U or 26O group, the percentile distributions adjust accordingly. For tracking progress, changes of 3 points are considered clinically meaningful, representing approximately .5 standard deviations (Sinclair et al., 2010).

RSES Plots

On first administration, a horizontal comparison bar graph is shown for the total score. This comparison graph illustrates the client's score relative to community and treatment seeking reference groups. A bar chart displays the subscale raw scores for visual comparison. When the assessment is administered multiple times, longitudinal line graphs are generated to track changes in the total score and subscales over time.

Supporting Information

This section details the normative data for the RSES. These norms enhance the interpretability of RSES scores, tables 1 and 2 show the percentile distributions for the age-based community samples.

Clinical norms are reported for a sample of treatment-seeking adults (n = 12,106) by NovoPsych (Bartholomew et al., 2025), with a mean total score of 15.09 (SD = 6.99).

NovoPsych has computed community percentiles using the total score mean and standard deviation data reported in Sinclair et al (2010) where age groups 25 and under (18-25) were combined into group one (25U), and all age groups over 25 (26-35, 36-45, 46-55, 56-65, 66+) were combined into age group two (26O). RSES scores were converted to percentiles as shown in tables 1 and 2, according to the following equation.

$$\text{Percentile} = 100 \times \Phi(x - M)/SD)$$

Where:

- x is the score
- M is the mean
- SD is the standard deviation
- Φ is the standard normal cumulative distribution function

This equation first standardises the score to a z-score by subtracting the mean and dividing by the standard deviation, then converts the z-score to a percentile by applying the standard normal cumulative distribution function and multiplying by 100. The percentiles contextualise each score relative to typical scores among those in the general population.

Table 1. Total score percentile distribution of the community sample (age 25 and under) from Sinclair et al. (2010).

Total Self-Esteem 25U	
Raw Score	Percentile
0	1
1	1
2	1
3	1
4	1
5	1
6	1
7	1.1
8	2
9	3
10	4
11	6
12	8
13	11
14	15
15	20
16	25
17	31
18	38
19	45
20	52
21	59
22	66
23	72
24	78
25	83
26	87
27	90
28	93
29	95
30	97

Table 2. Total score percentile distribution of the community sample (over age 25) from Sinclair et al. (2010).

Total Self-Esteem Over 25	
Raw Score	Percentile
0	1
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1.3
12	2
13	3
14	5
15	7
16	9
17	13
18	17
19	22
20	28
21	34
22	41
23	49
24	56
25	63
26	70
27	76
28	81
29	86
30	89

Interpretive Text

The interpretive text for the RSES follows a structured format that adapts based on the client's scores.

Very Low (percentile 0-14th):

The results of the Rosenberg Self-Esteem Scale (RSES), as completed on [current date], fall within the very low range, representing significant self-esteem difficulties that are substantially below community norms. Individuals scoring in this range typically experience pervasive self-doubt, persistent negative self-evaluation, and significant distress related to their sense of personal worth. This score falls below X% of people in a community sample and is comparable to levels observed in individuals with major depressive episodes or severe psychological distress. Such profound self-esteem difficulties often maintain and exacerbate other psychological symptoms, creating cycles of negative thinking and emotional dysregulation. This client may benefit from therapeutic interventions that prioritise building basic self-acceptance through cognitive restructuring, behavioural activation, and self-compassion approaches.

Responses to the following items contributed to the client's low score:
<Three lowest scored items >. I.e.,
1. On the whole, I am satisfied with myself. (0)
2. At times, I think I am no good at all. (3)
3. I feel that I have a number of good qualities. (0)

Low (percentile 15-29th):

The results of the Rosenberg Self-Esteem Scale (RSES), as completed on [current date], fall within the low range, suggesting struggles with frequent self-criticism, difficulty recognising personal strengths, and heightened sensitivity to perceived failures or rejection. Their score falls below X% of people in a community sample. This level of low self-esteem is commonly observed in individuals with depression, anxiety disorders, or adjustment difficulties and often contributes to maintenance of these conditions. The individual may engage in negative self-comparison, avoid challenges due to fear of failure, or seek excessive reassurance from others. This client may benefit from therapeutic interventions that target negative thought patterns through cognitive-behavioural approaches, encourage behavioural experiments to challenge self-limiting beliefs, and develop more balanced self-evaluation skills.

Responses to the following items contributed to the client's score:
<Two lowest scored items>. i.e.,
1. On the whole, I am satisfied with myself. (0)
2. At times, I think I am no good at all. (3)

Average (percentile 30-70th):

The results of the Rosenberg Self-Esteem Scale (RSES), as completed on [current date], fall within the average range, indicating typical self-esteem levels consistent with community norms and a generally healthy level of self-regard without significant distress related to self-evaluation. Individuals scoring in this range typically demonstrate balanced self-perception, acknowledging both strengths and limitations without excessive self-criticism or grandiosity. Their score is higher than X% of people in a community sample and suggests adequate psychological resilience and emotional regulation related to self-worth. Therapeutic work may still address situational challenges or specific domains where self-confidence could be enhanced. This level of self-esteem generally supports engagement in therapy and motivation for change when addressing other psychological concerns.

High (percentile 71-85th):

The results of the Rosenberg Self-Esteem Scale (RSES), as completed on [current date], fall within the high range indicating notably positive self-esteem, strong self-acceptance, confidence in their abilities, and resilience in the face of setbacks. Their score is higher than X% of people in a community sample. While high self-esteem generally represents psychological health, very high scores may occasionally indicate narcissistic tendencies, unrealistic self-appraisal, or difficulty acknowledging personal limitations. Further assessment may help understand the function of high self-esteem, and identify any patterns of overcompensation, grandiosity or avoidance of vulnerability. When high self-esteem is genuine and adaptive, it represents a therapeutic strength that can support engagement in treatment and resilience during challenging therapeutic work.

Very High (percentile 86th+):

The results of the Rosenberg Self-Esteem Scale (RSES), as completed on [current date], fall within the very high range. This score indicates exceptionally positive self-regard that exceeds X% of people in a community sample. While such high self-esteem can reflect genuine psychological health, robust self-acceptance, and exceptional resilience, scores at this level may also suggest defensive self-presentation, reluctance to acknowledge personal limitations, or inflated self-appraisal. Such high scores could indicate potential difficulties with realistic self-evaluation and vulnerability, serving as a protective function against underlying insecurities or fears of inadequacy.

Tracking score change over time:

Since the respondent was first assessed on [Date], their total score has [not changed | not shown meaningful change (if change <3) | increased | decreased]. A change of half a standard deviation (3) or more points is considered meaningful based on a minimally important difference calculation.

Example: Since the respondent was first assessed on 02 Jan 2025, their total score has not shown meaningful change (score change = 2).

A note specifying age group:

> *The norms used to calculate percentiles and descriptors were [for individuals 25 years of age and under / for individuals over 25 years of age / for a combined sample of all ages].*
>
> *Example: The norms used to calculate percentiles and descriptors were for individuals 25 years of age and under.*

When a client's age group changes:

> *Important note: The normative reference has changed since the initial assessment. The initial assessment used 25 and under norms, while the current assessment uses over-25 norms. This change in normative reference may affect percentile rankings and descriptors independent of actual score changes.*

The text then describes either of the two subscales that score in the 'Very Low' or 'Low' range. The subscales are presented in order based on score, with lower scores listed first (as low scores indicate areas of concern for self-esteem). For each concerning subscale, the text includes:

- An explanation of what aspect the subscale measures
- Clinical implications and therapeutic considerations

This allows for quick identification of specific self-esteem difficulties to inform clinical understanding and treatment planning.

Self-Competence subscale:

> *The responses on the Self-Competence subscale indicate [substantial/notable] difficulties with self-confidence and belief in personal capabilities (Xth percentile). This pattern may involve persistent self-doubt about abilities, hesitation to take on challenges, negative self-evaluation of performance, and reduced confidence in goal achievement. The lowest-rated items suggest specific areas where the individual struggles with competence-related self-evaluation. In therapy, focus on identifying and building on existing strengths, challenging negative self-evaluations through cognitive restructuring, and developing realistic self-assessment skills may be beneficial.*

Self-Liking subscale:

> *The responses on the Self-Liking subscale reflect [substantial/notable] difficulties with affective self-evaluation and personal acceptance (Xth percentile). This pattern may involve harsh self-criticism, feelings of worthlessness, difficulty acknowledging positive personal qualities, and negative feelings toward oneself as a person. The lowest-rated items highlight specific areas where the individual experiences self-rejection or negative self-regard. Therapeutic approaches might include exploring the origins of negative self-regard, developing self-compassion practices, and challenging overly critical internal dialogue through mindfulness and acceptance-based interventions.*

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Developer

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures Package*, *61*(52), 18.

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Assessment Questions

NovoPsych

Rosenberg Self-Esteem Scale (RSES)

Instructions:

Below is a list of statements dealing with your general feelings about yourself. There are four possible answers for each of the 10 questions, from "strongly agree" to "strongly disagree. Tap the box to indicate how strongly you agree or disagree with each statement.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	On the whole, I am satisfied with myself	3	2	1	0
2	At times, I think I am no good at all	0	1	2	3
3	I feel that I have a number of good qualities	3	2	1	0
4	I am able to do things as well as most other people	3	2	1	0
5	I feel I do not have much to be proud of	0	1	2	3
6	I certainly feel useless at times	0	1	2	3
7	I feel that I'm a person of worth, at least on an equal plane with others	3	2	1	0
8	I wish I could have more respect for myself	0	1	2	3
9	All in all, I am inclined to feel that I am a failure	0	1	2	3
10	I take a positive attitude toward myself	3	2	1	0

Developer Reference:

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). Acceptance and Commitment Therapy. Measures Package, 61.

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Sample Result

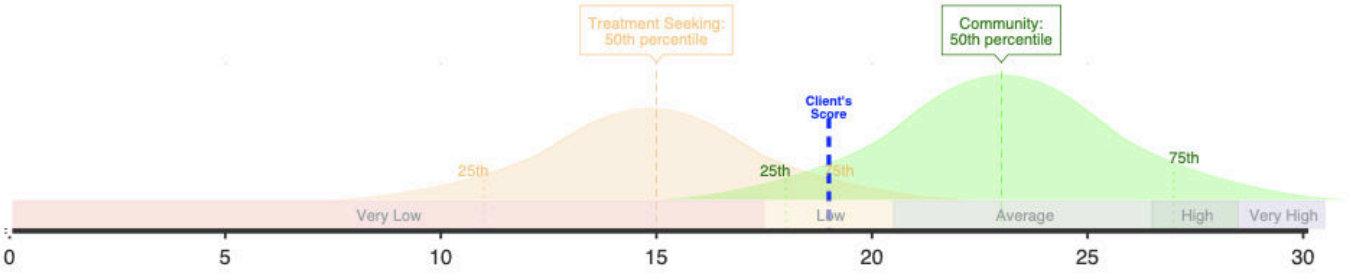
Rosenberg Self-Esteem Scale (RSES)

Client Name	Generic Client	*Date administered*	12 Jun 2025
Date of birth (age)	1 Jan 1999 (26)	*Time taken*	36s
Assessor	EmersonDev BartholomewDev		

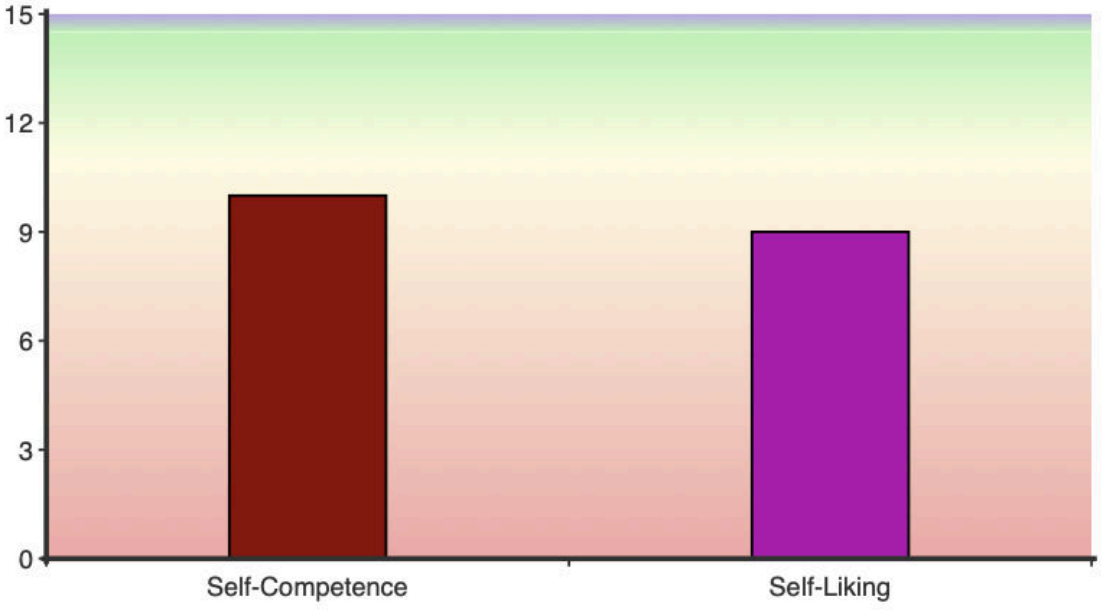
Results

	Raw Score	Percentile	Descriptor
Total Self-Esteem (0-30)	19	22	Low
Self-Competence (0-15)	10	-	-
Self-Liking (0-15)	9	-	-

Total Self-Esteem Score Compared to Community and Treatment Seeking Samples



Self-Esteem Subscale Raw Scores



Interpretation

The norms used to calculate percentiles and descriptors were for individuals over 25 years of age.

The results of the Rosenberg Self-Esteem Scale (RSES), as completed on 12 June 2025, fall within the low range, suggesting struggles with frequent self-criticism, difficulty recognising personal strengths, and heightened sensitivity to perceived failures or rejection. Their score falls below 78% of people in a community sample. This level of low self-esteem is commonly observed in individuals with depression, anxiety disorders, or adjustment difficulties and often contributes to maintenance of these conditions. The individual may engage in negative self-comparison, avoid challenges due to fear of failure, or seek excessive reassurance from others. This client may benefit from therapeutic interventions that target negative thought patterns through cognitive-behavioural approaches, encourage behavioural experiments to challenge self-limiting beliefs, and develop more balanced self-evaluation skills.

Responses to the following items contributed to the client's score:
- *6. I certainly feel useless at times (Agree)*

Scoring and Interpretation Information

The scale yields a single total score ranging from 0 to 30, with higher scores indicating more positive self-esteem. Subscale scores range from 0-15 and are listed below:

Self-Competence (5 items: 1, 2, 4, 6, 7): assesses confidence in personal capabilities and sense of efficacy, reflecting beliefs about one's ability to achieve goals and handle challenges effectively.

Self-Liking (5 items: 3, 5, 8, 9, 10): measures intrinsic self-worth and personal acceptance, representing fundamental feelings about oneself as a person independent of specific achievements.

Score interpretation follows empirically derived percentile guidelines based on a comprehensive normative sample (Sinclair et al., 2010) as follows:

Very low scores fall below the 14th percentile and indicate significant self-esteem difficulties associated with elevated psychological distress and increased vulnerability to mood disorders.

Low scores range from the 15th to 29th percentiles, representing below-average self-esteem that may contribute to psychological difficulties and warrant therapeutic attention.

Average scores fall between the 30th and 70th percentiles, representing typical self-esteem levels consistent with community norms and psychological well-being.

High scores fall between the 71st and 85th percentile, indicating notably positive self-esteem that surpasses approximately two-thirds of community adults, though very elevated scores may warrant additional assessment to distinguish healthy self-regard from potentially inflated presentations.

Very high equates to at and above the 86th percentile, which, while potentially reflecting genuine self-confidence, may indicate potentially defensive or unrealistic self-appraisal.

Client Name | Generic Client

These guidelines are used in combination with two age-based normative comparison groups, meaning that depending on the age of the client, whether they are in the 25-U or 25-O group, the percentile distributions adjust accordingly.

Subscale scores are similarly interpreted using percentile-based ranges derived from the same normative sample, allowing clinicians to identify specific areas of self-evaluative strength or difficulty within the broader self-esteem profile.

For tracking therapeutic progress, changes of 3 points are considered clinically meaningful, representing approximately .5 standard deviations in most samples (Sinclair et al., 2010).

On first administration, three horizontal comparison bar graphs are shown for the total and subscale scores. These comparison graphs illustrate the client's scores relative to community and treatment seeking reference groups. When the assessment is administered multiple times, two longitudinal line graphs are generated to track changes in the total score and subscales over time.

Client Responses

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	On the whole, I am satisfied with myself	3	**2**	1	0
2	At times, I think I am no good at all	0	1	**2**	3
3	I feel that I have a number of good qualities	3	**2**	1	0
4	I am able to do things as well as most other people	3	**2**	1	0
5	I feel I do not have much to be proud of	0	1	**2**	3
6	I certainly feel useless at times	0	**1**	2	3
7	I feel that I'm a person of worth, at least on an equal plane with others	3	**2**	1	0
8	I wish I could have more respect for myself	0	1	**2**	3
9	All in all, I am inclined to feel that I am a failure	0	1	**2**	3
10	I take a positive attitude toward myself	3	**2**	1	0