<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Rosenberg Self-Esteem Scale (RSES)</th>
</tr>
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<tr>
<td>Sensitivity to Change</td>
<td>No</td>
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<td>Population</td>
<td>Adult and paediatrics</td>
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<tr>
<td>Domain</td>
<td>Measures of Self</td>
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<td>Type of Measure</td>
<td>Self-report</td>
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<td>ICF-Code/s</td>
<td>b1</td>
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**Description**

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-item Likert scale with items answered on a four point scale - from strongly agree (4) to strongly disagree (1). Total scores range from 10 to 40, with higher scores representing lower self-esteem.

The scale measures state self-esteem by asking the respondents to reflect on their current feelings. Five of the items have positively worded statements and five have negatively worded ones.

The RSES is widely used and has been used with acquired brain injury populations. The scale has been translated into several different languages and used in cross-cultural studies involving 53 different countries.

**Properties**

- **Test-retest reliability:** Ratings of self-esteem were highly correlated over a two week period in an acquired brain injury (ABI) sample ($r=.86$, $p<.01$) (Cooper-Evans, Alderman, Knight, & Oddy, 2008).
- **Internal consistency:** High internal consistency (Cronbach’s alpha=.89) has been reported in a TBI population (Carroll & Coetzer, 2011).
- **Convergent validity:** RSES scores correlated with depression ($r=.65$) and anxiety ($r=.71$) in an ABI population (Cooper-Evans et al., 2008). Significant negative correlation with positive view of self, measured using the Head Injury Semantic Differential Scale-III, ($r=-.365$) has been reported (Carroll & Coetzer, 2011).

**Advantages**

- In the public domain
- Quick to administer
- Widely used, including within brain injury populations

**Disadvantages**

- Does not change in response to intervention

**Other details**

This is a global measure of self-concept.

**Reviewers**

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References

