

Name: \_\_\_\_\_

Date: \_\_\_\_\_



*Ministry Development Services*

# **Exploration of Self**



**P.O.. Box 2634  
Indian Trail, NC 28079-2634  
704-554-9222  
[mdvs@ministryds.org](mailto:mdvs@ministryds.org)  
[www.MinistryDS.org](http://www.MinistryDS.org)**

### Sentence Completion

**Please complete these unfinished statements as rapidly as possible with the first response that comes to mind. Try to do every one and be sure to make a complete sentence. The value of this procedure to you depends on your straightforward responses. You have all the time you need, but work as fast as you can.**

1. Sometimes I wish
2. I would be happier if
3. I'm afraid of
4. My closest friends
5. If I were in charge
6. My hardest decision
7. When others get angry at me, I
8. I suffer
9. I daydream about
10. If people only knew
11. I felt held back
12. Because of my father
13. When people make decisions for me

14. When I fail

15. When criticized, I

16. My greatest worry is

17. Strength means

18. If only I could

19. I love to

20. I'm bothered most when

21. Because of my mother

22. When people watch me

23. Trouble starts when

24. I am embarrassed when

25. Marriage

26. Most of all I need

27. The best part of me

28. I feel helpless if

29. My greatest joy

30. My supervisors
31. My life is complicated by
32. I get angry if
33. My biggest problem
34. Most of all I want
35. As a man/woman, I
36. My greatest worry
37. In sexual fantasies
38. I work best when
39. The turning point in my life
40. I see myself as
41. If things don't work out
42. Others think of me
43. I am strongest when
44. When I'm most upset
45. The greatest pressure in my work

46. My greatest fear of people

47. What I like most about myself is

48. I would most like to change

49. My greatest weakness

50. I am most thankful for