AKADEMİK BENLİK KAVRAMI ÖLÇEĞİ
YANIT FORMU

SOYADI :.....

ADI :.....

OKULU :.....

SINIF :.....

ADRES :.....

.....

CİNSİYETİNİZ

ERKEK ◯

KIZ ◯

TELEFON NUMARASI

GRUP NO. | ÖĞRENCİ NO.

SOYADI - ADI (Önce soyadınızı, bir boş kutu bırakarak adınızı kodlayınız.)

	HİÇBİR ZAMAN	ARA SIRA	SIK SIK	HER ZAMAN
1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
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44	A	B	C	D
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101	A	B	C	D
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103	A	B	C	D
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109	A	B	C	D
110	A	B	C	D
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117	A	B	C	D
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123	A	B	C	D
124	A	B	C	D
125	A	B	C	D
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157	A	B	C	D
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165	A	B	C	D
166	A	B	C	D
167	A	B	C	D
168	A	B	C	D
169	A	B	C	D
170	A	B	C	D

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T-ABKÖ 1202