

Your Social Identity Profile

Social Identity	Group Membership (name/label your membership)	You are most aware of throughout your day (List with an X)	You think about least (List with an X)	Have greatest effect on HOW OTHERS SEE YOU (list top 5)	Have strongest effect on how YOU SEE YOURSELF as a person (list top 5)	Give you Power and Privilege in society	Have the earliest memories of (List with an X)	Influence your involvement in your profession (List with an X)
Gender/Sex								
Race/Ethnicity								
Immigration Status								
Sexual Orientation/ Attractionality								
Religion/ Spirituality								
Social Class								
Age								
Physical, Cognitive Ability								
Nation(s) of Origin and/or Citizenship								
Body size/type								
Title/Position @ Work								
Parent/Family Role								
Other								