Body Dysmorphia Questionnaire

1. Are you very concerned about the appearance of some part of your body, which you consider especially unattractive? Please select.

◯ No ◯ Yes

If no, thank you for your time and attention. You are finished with this questionnaire.

Signature:

2. If yes, do these concerns preoccupy you? That is, you think about them a lot and they're hard to stop thinking about.

◯ No ◯ Yes

3. What are these concerns? What specifically bothers you about the appearance of these body parts.

4. What effect has your preoccupation with your appearance had on your life?

Has your defect often caused you a lot of distress, torment or pain? How much? Circle best answer.

- ☐ a) No distress
- ☐ b) Mild and not too disturbing
- ☐ c) Moderate and disturbing but still manageable.
- ☐ d) Severe, and very disturbing
- ☐ e) Extreme, and disabling

5. Has your defect caused you impairment in social, occupational or other important areas of functioning. How much? Please circle best answer.

- ☐ a) No distress
- ☐ b) Mild and not too disturbing
- ☐ c) Moderate and disturbing but still manageable.
- ☐ d) Severe, and very disturbing
- ☐ e) Extreme, and disabling

6. Has your defect often significantly interfered with your social life?

◯ No ◯ Yes

If yes, how?

7. Has your defect often significantly interfered with your school work, your job or your ability to function in your role? Please select.

◯ No ◯ Yes

8. Are there things you avoid because of your defect? Please select.

- ◯ No
- ◯ Yes