

Body Image Questionnaire

This questionnaire is part of a routine assessment. All information will be kept strictly confidential. Thank you.

Name _____

Date _____

1) Sex: Male Female

2) Age: _____

3) Weight: _____ Height: _____

4) Marital Status *Tick one box*

Single Separated/Divorced

Married or cohabiting
(living together) Widowed

If single, separated, divorced, or widowed, are you currently in a long-term relationship?

Yes No

5) Current Employment *Tick one box*

Unemployed Long-term sick leave

Employed or Self-employed Retired

Student (Full-time) Homemaker

6) Please study this example before completing question 6. In a moment, we will ask you to describe the feature(s) of your body which you dislike or would like to improve. If you want to improve more than one feature, please list all the features and tick the appropriate box if you are seeking a cosmetic or dermatological procedure for that feature either now or in the future. We shall refer to all such treatments as 'procedures'. Please note, the 1st feature should be the feature you are most concerned about.

This is an example of a woman whose main worry was her nose and who was concerned to a lesser extent by her skin and bottom. She is currently seeking a procedure to her skin.

7) Features Causing Concern

Please describe the feature(s) of your body, which you dislike or would like to improve and tick the box if you are seeking a cosmetic or dermatological procedure for the feature either now or in the future. Please tick the appropriate box.

1st Feature

Nose is too crooked with a bump

Procedure sought Now Future
 Not desire any procedure

2nd Feature

Blemishes and acne scars on face

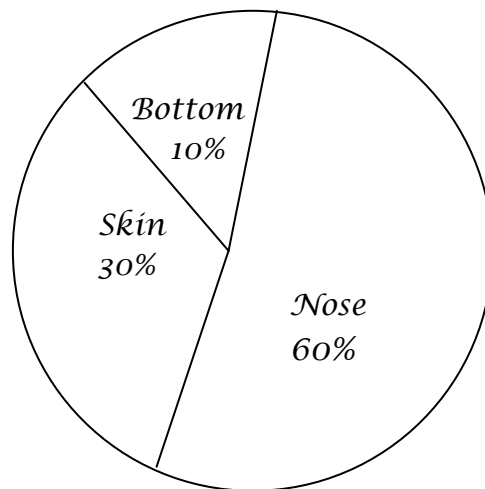
Procedure sought Now Future
 Not desire any procedure

3rd Feature

Bottom is too big

Procedure sought Now Future
 Not desire any procedure

We will then ask you to draw a pie chart and estimate the percentage of concern allocated to each feature. The person above completed her pie chart like this.



6) Features Causing Concern

Please describe the feature(s) of your body which you dislike or would like to improve and tick the box if you are seeking a cosmetic or dermatological procedure for that feature either now or in the future.

Please tick the appropriate box.

1st Feature (that is the feature you are most concerned about)

Procedure sought Now Future
 Not desire any procedure

2nd Feature

Procedure sought Now Future
 Not desire any procedure

3rd Feature

Procedure sought Now Future
 Not desire any procedure

4th Feature

Procedure sought Now Future
 Not desire any procedure

5th Feature

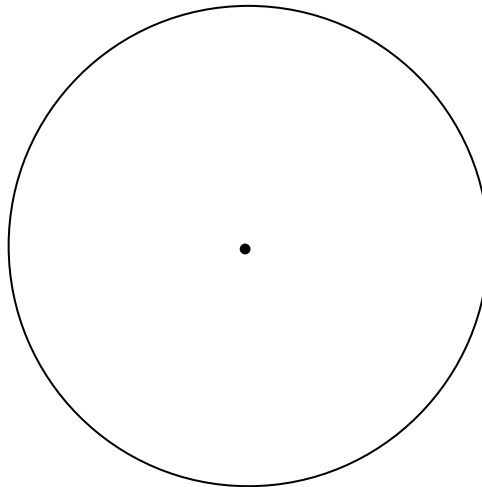
Procedure sought

Now

Future

Not desire any procedure

Now please draw a pie chart and estimate the percentage of concern allocated to each feature. Please ensure that your percentages add up to 100%!



From now on, we will refer to these concerns as your 'feature(s).'

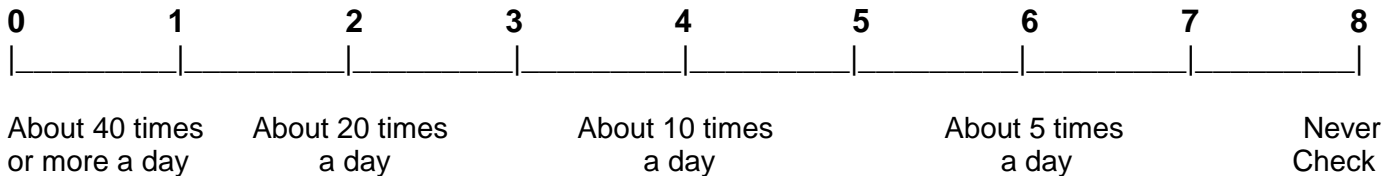
7) On an **average day**, how many minutes or hour(s) do you currently spend thinking about your feature(s)? Please add up all the time that your features are at the forefront of your mind and make the best estimate.

_____ minutes or _____ hour(s) a day

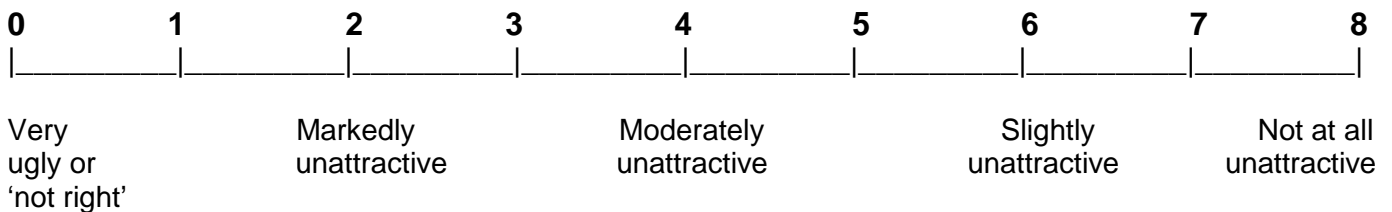
Please read the next set of questions below carefully and circle the number which best describes the way that you feel about your feature(s).

Please read the labels carefully to ensure you are circling the number that reflects how you feel because some of the answers are worded in a reverse order.

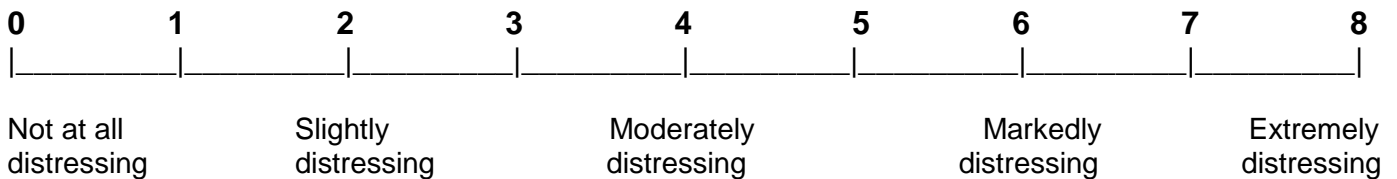
8) How often do you **deliberately** check your feature(s)? **Not accidentally catch sight of it.**
Please include looking at your feature in a mirror or other reflective surfaces like a shop window or looking at it directly or feeling it with your fingers.



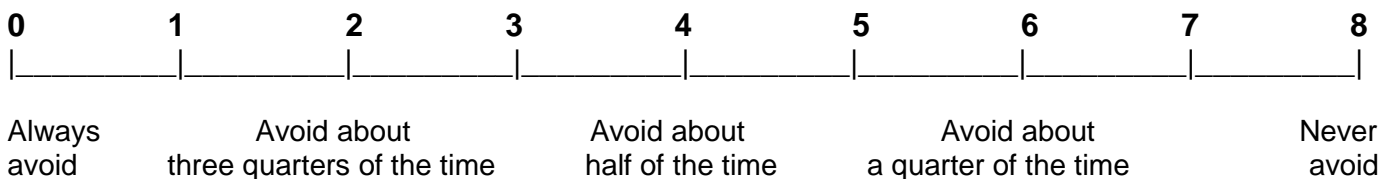
9) How much do you feel your feature(s) are **currently** ugly, unattractive or 'not right'?



10) How much does your feature(s) **currently** cause you a lot of distress?



11) How often does your feature(s) **currently** lead you to avoid situations or activities?



If so, what do you avoid?

12) How much does your feature(s) **currently** preoccupy you? That is, you think about it a lot and it is hard to stop thinking about it?

| | | | | | | | | |
|---------------------------|-------------------------|----------|---------------------------|----------|---------------------|----------|--------------------------|----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Not at all preoccupied | Slightly preoccupied | | Moderately preoccupied | | Very preoccupied | | Extremely preoccupied | |

If you rated your preoccupation with your feature(s) as 4 or above, for how long has it preoccupied you?"

Months _____ or Years _____

13) If you have a partner, how much does your feature(s) **currently** have an effect on your relationship with an existing partner? **If you do not have a partner**, how much does it have an effect on dating or developing a relationship?

| | | | | | | | | |
|------------|----------|----------|------------|----------|----------|----------|-----------|----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Not at all | Slightly | | Moderately | | Markedly | | Extremely | |

If so, how does it effect your relationship/ability to date or develop a relationship?

14) How much does your feature(s) **currently** have an effect on an existing or potential sexual relationship? (e.g. enjoyment of sex, frequency of sexual activity)

| | | | | | | | | |
|------------|----------|----------|------------|----------|----------|----------|---------------------------|----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Not at all | Slightly | | Moderately | | Markedly | | Extremely or avoid sex | |

If so, how?

15) How much does your feature(s) currently interfere with your ability to work or study, or your role as a homemaker? (Please rate this even if you are not working or studying: we are interested in your ability to work or study.)

| | | | | | | | | |
|------------|----------|----------|----------|------------|----------|----------|----------|-------------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Not at all | | Slightly | | Moderately | | Markedly | | Very severely I can't work |

If so, how?

16) How much does your feature(s) currently interfere with your social life?

| | | | | | | | | |
|------------|----------|----------|----------|------------|----------|----------|----------|---------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Not at all | | Slightly | | Moderately | | Markedly | | Very severely |

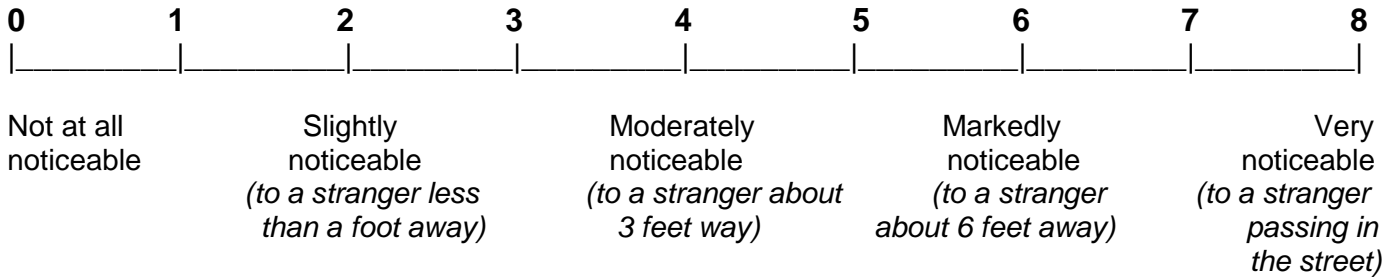
If so, how?

17) How much do you feel your appearance is the most important aspect of who you are?

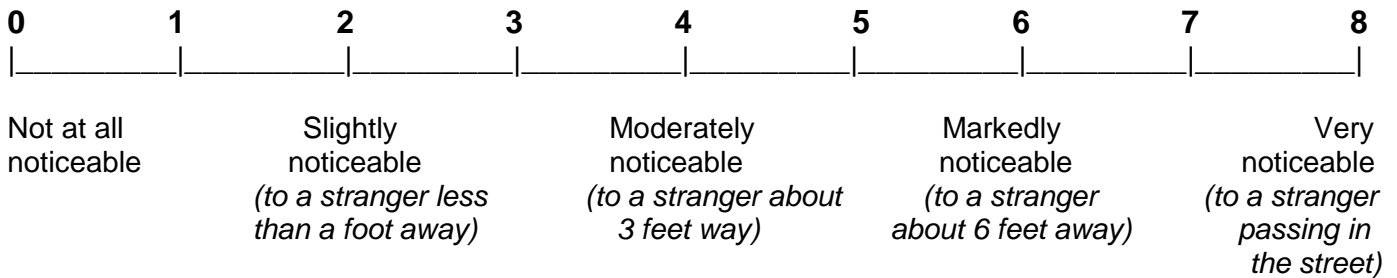
| | | | | | | | | |
|------------|----------|----------|----------|------------|----------|----------|----------|----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Not at all | | Slightly | | Moderately | | Mostly | | Totally |

18) How noticeable do you feel your feature is to other people (if you do **not** camouflage yourself e.g. with clothes, padding and/or makeup) and the feature has not been pointed out to them)?

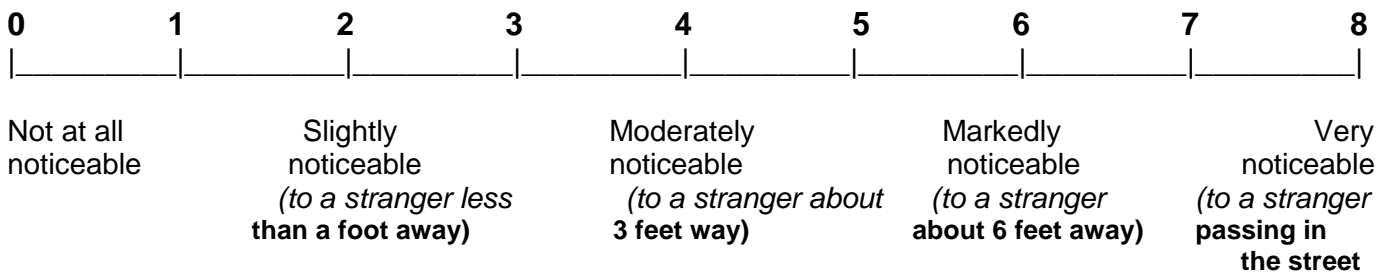
a. Please specify the 1st feature you are rating (*this should be the feature you are most concerned about*) _____



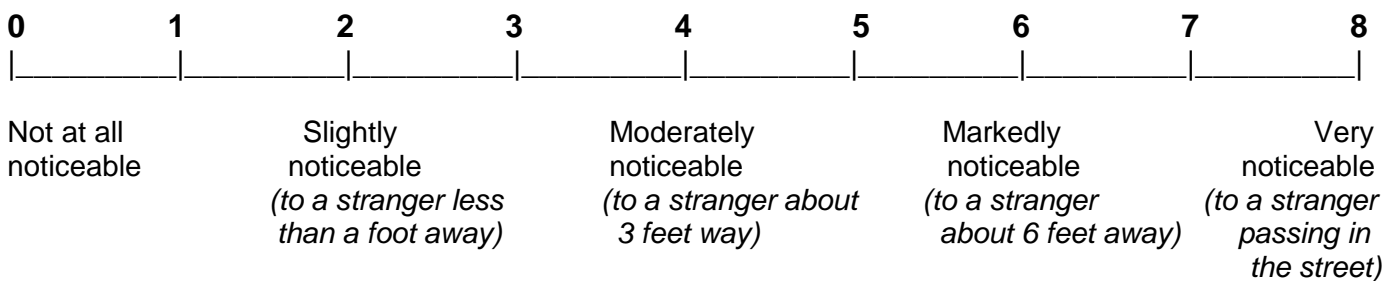
b. Please specify the 2nd feature you are rating (*if applicable*) _____



c. Please specify the 3rd feature you are rating (*if applicable*) _____

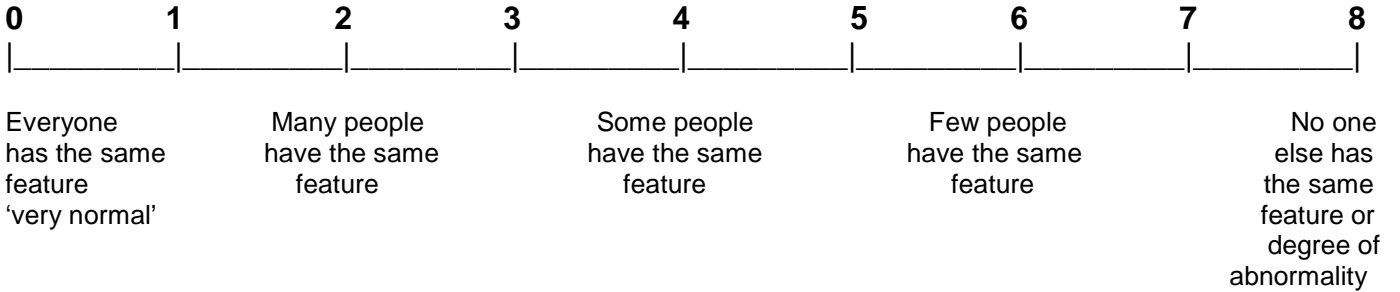


d. Please specify the 4th feature you are rating (*if applicable*) _____

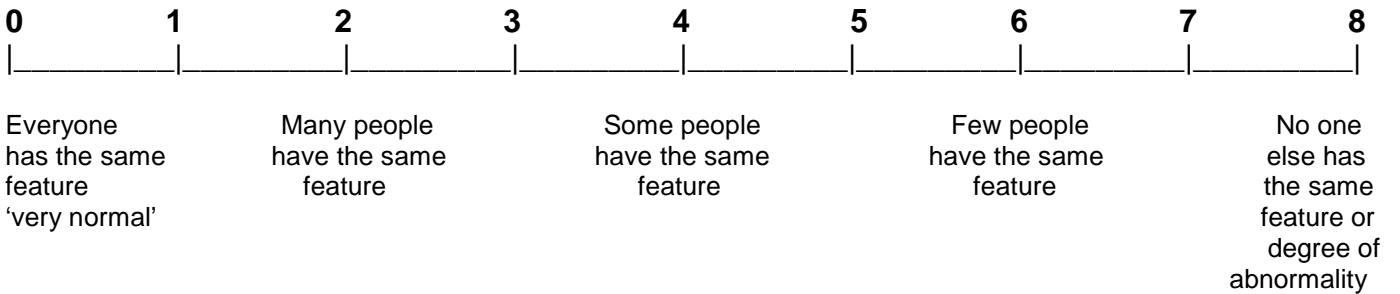


19) How does your feature compare to others of the same age, sex, and ethnic group?

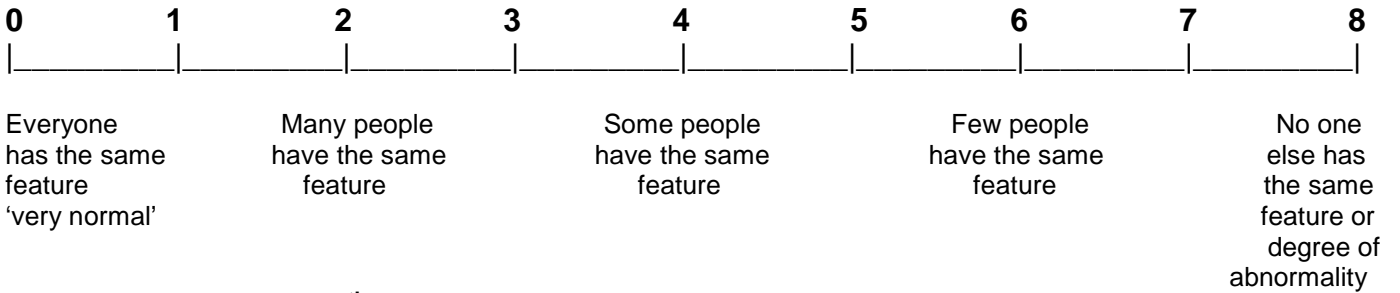
a. Please specify the 1st feature you are rating (*this should be the feature you are most concerned about*) _____



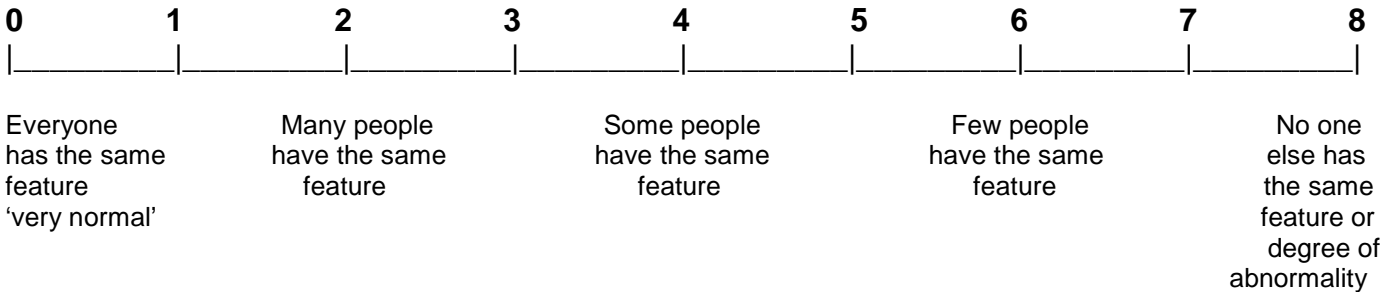
b. Please specify the 2nd feature you are rating (*if applicable*) _____



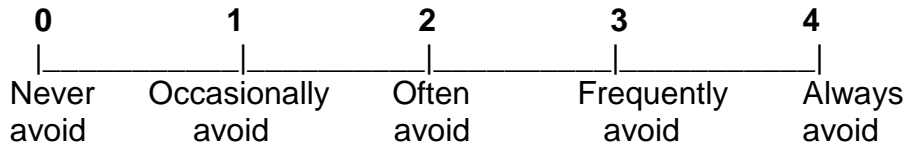
c. Please specify the 3rd feature you are rating (*if applicable*) _____



d. Please specify the 4th feature you are rating (*if applicable*) _____



20) What do you avoid because of the way you feel about your feature(s)? Please read the situations below and in the second column rate the degree to which you currently avoid each of these situations on the following scale:

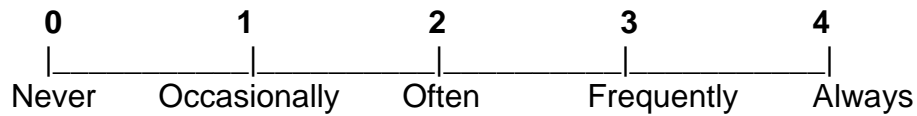


Please add other situations or activities that you avoid at the end of the list.

| Situation or activity | Frequency (0-4) |
|--|------------------------|
| I avoid going to a party or social gathering because of my features | |
| I avoid having a medical examination or treatment because of my features | |
| I avoid going to public changing room because of my features | |
| I would avoid exercising in a gym or playing a sport because of my features | |
| I avoid wearing a swimming costume on a beach because of my features | |
| I avoid being physically close to someone because of my features | |
| I avoid making love or intimacy because of my features (or only under certain conditions e.g. lights off or wearing your make up). | |
| I avoid certain types of clothes because of my features (please specify) | |
| I avoid certain types of lighting because of my features (please specify) | |
| I avoid looking at pictures in magazines or on television because of my features | |
| I avoid having a photo or video taken by someone else because of my features | |
| I avoid looking at old photographs because of my features. (Please specify if you have destroyed them) | |

| | |
|--|--|
| I avoid having my hair cut at all | |
| I avoid having my hair cut at a hairdresser | |
| I avoid looking at my features in mirrors or reflective surfaces | |
| OTHERS (please specify) | |
| | |
| | |
| | |
| | |

21) Please read the list of activities below that you might do because of the way you feel about your feature(s). In the second column rate the degree to which you use each of the behaviours on the following scale:



| Behaviour | Frequency |
|--|------------------|
| I check my feature(s) in mirrors | |
| I use a particular light to check my feature(s) in a mirror (please specify) | |
| I check my feature(s) in other reflective surfaces (e.g. cutlery, windows, CDs) (Please specify) | |
| I check my feature(s) directly by looking at it without a mirror | |
| I check my feature(s) by taking photographs of myself | |
| I check my feature(s) by feeling it with my finger(s) | |
| I compare my feature(s) to others in magazines or on television and film | |
| I compare my feature(s) to other people I meet | |
| I compare my feature(s) with old pictures of my self | |
| I pinch the fat on my skin | |
| I wear something to distract attention from my feature (e.g. jewellery, a tattoo) (Please specify) | |
| I change my posture to avoid my feature being seen at a certain angle. (Please specify) | |
| I hide my feature(s) with something (e.g. my hand, a baseball cap, hat, scarf, baggy clothing, newspaper) (Please specify) | |

| | |
|--|--|
| I use padding in my clothes to camouflage or increase the size of a feature. (Please specify) | |
| I try to convince others about how unattractive my feature is | |
| I ask others to confirm the existence of my defect in my features | |
| I seek reassurance about whether my feature has got worse | |
| I seek reassurance about whether my feature is camouflaged (for example by make up) | |
| I keep changing my clothes before I go out | |
| I get my partner or family member to "help" me in camouflaging or checking my appearance. (Please specify) | |
| I keep measuring my feature(s) | |
| HAIR: I wear a wig because of my features | |
| I grow or arrange my hair to hide certain features. (Please specify) | |
| I comb or groom (smooth/straighten) or adjust my hair more than most people | |
| I shave, cut or pluck hair more than most people. (Please specify) | |
| I use medication too promote hair growth on my head | |
| SKIN: I clean my skin my skin more than most people | |
| I wear more make up than most people to hide my feature(s) | |
| I use cover up stick for spots or blemishes | |
| I use facial peel, scrubs or saunas for my skin | |
| I bleach my skin | |
| I use a sun-bed to darken my skin | |
| I pick my skin or squeeze spots more than most people | |

| | |
|--|--|
| SHAPE OR WEIGHT: I exercise to alter my shape or weight | |
| I body build with weights | |
| I use steroids | |
| I weigh myself more than necessary | |
| I restrict my food to improve my shape or reduce my weight | |
| I sit with my toes on the floor to avoid my thighs spreading | |
| I eat more food to increase my weight | |
| I use diet pills, laxatives or diuretics (please specify) | |
| OTHERS (please specify) | |
| | |
| | |
| | |

22) Self-portrait

Can you please draw a portrait from the picture in your mind or impression that you have of your face or body (depending on the features that distress you). You can choose whatever medium you wish. Don't worry if you are not artistic!