

QUESTIONNAIRE: HAVE I GOT BDD?

Please answer the following for how you have felt about your appearance over the past week.

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



2. To what extent do you feel your feature(s) are **currently** ugly, unattractive or 'not right'?



3. To what extent does your feature(s) **currently** cause you a lot of distress?



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



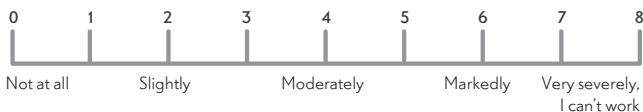
5. To what extent does your feature(s) **currently** preoccupy you? That is, you think about it a lot and it is hard to stop thinking about it.



6. If you have a partner, to what extent does your feature(s) **currently** have an effect on your relationship with them (e.g. affectionate feelings, number of arguments, enjoying activities together)? If you do not have a partner, to what extent does your feature(s) **currently** have an effect on dating or developing a relationship?



7. To what extent 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.)



8. To what extent does your feature(s) **currently** interfere with your social life (with other people, e.g. parties, pubs, clubs, outings, visits, entertaining at home)?



9. To what extent do you feel your appearance is the most important aspect of who you are?

