

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

1) sexMaleFemale

2) Age:

3) Weight: _____ **Height:** _____

4) Marital Status Tick one

....Single

....Married or cohabiting

.... Separated/Divorced

.... Widowed

5) Current Employment Tick one

...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.

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 that feature either now or in the future.

Please tick the appropriate box.

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

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.

Bottom

10%

Skin

30%

Nose

60%

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 (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%!

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.

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

About 40 times or more a day	About 20 times a day	About 10 times a day	About 5 times a day	Never Check
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9) How much do you feel your feature(s) is **currently** ugly, unattractive or 'not right'?

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

Very ugly or 'not right'	Markedly unattractive	Moderately unattractive	Slightly unattractive	Not at all unattractive
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10) How much does your feature(s) **currently** cause you a lot of distress?

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

Not at all distressing	Slightly distressing	Moderately distressing	Markedly distressing	Extremely distressing
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11) How often does your feature(s) **currently** lead you to avoid situations or activities?

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

Always Avoid	Avoid about three quarters of the time	Avoid about half of the time	avoid about a quarter of the time	Never avoid
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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
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If you rated you 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
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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)

|_____|_____|_____|_____|_____|_____|_____|_____|

Not at all	Slightly	Moderately	Markedly	Very severely I can't work
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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
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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)?

18a) Please specify the 1st feature you are rating (this should be the feature you are most concerned about).....

0 1 2 3 4 5 6 7 8

|_|_|_|_|_|_|_|_|_|

Not at all noticeable	Slightly noticeable (<i>to a stranger less than a foot away</i>)	Moderately noticeable (<i>to a stranger about 3 feet away</i>)	Markedly noticeable (<i>to a stranger about 6 feet away</i>)	Very noticeable (<i>to a stranger passing in the street</i>)
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18b) Please specify the 2st feature you are rating (if applicable).....

0 1 2 3 4 5 6 7 8

|_|_|_|_|_|_|_|_|_|

Not at all noticeable	Slightly noticeable (<i>to a stranger less than a foot away</i>)	Moderately noticeable (<i>to a stranger about 3 feet away</i>)	Markedly noticeable (<i>to a stranger about 6 feet away</i>)	Very noticeable (<i>to a stranger passing in the street</i>)
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19b) Please specify the 2st feature you are rating (if applicable).....

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

Everyone has the same feature 'very normal'	Many people have the same feature	Some people have the same feature	Few people have the same feature	No one else has the same feature or degree of abnormality
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19c) Please specify the 3st feature you are rating (if applicable).....

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

Everyone has the same feature 'very normal'	Many people have the same feature	Some people have the same feature	Few people have the same feature	No one else has the same feature or degree of abnormality
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19) Please specify the 4st feature you are rating (if applicable).....

0 1 2 3 4 5 6 7 8

|_____|_____|_____|_____|_____|_____|_____|_____|

Everyone has the same feature 'very normal'	Many people have the same feature	Some people have the same feature	Few people have the same feature	No one else has the same feature or degree of abnormality
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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:

0=Never avoid, 1= Occasionally avoid, 2=Often avoid, 3= Frequently avoid, 4= Always avoid

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

Situation or activity

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)