

# Body Dysmorphic Disorder Questionnaire (BDDQ)

Name \_\_\_\_\_ Date \_\_\_\_\_

**This questionnaire asks about concerns with physical appearance. Please read each question carefully and circle the answer that is true for you. Also write in answers where indicated.**

1) Are you worried about how you look? Yes No

--If yes: Do you think about your appearance problems a lot and wish you could think about them less? Yes No

--If yes: Please list the body areas you don't like: \_\_\_\_\_

\_\_\_\_\_

*Examples of disliked body areas include: your skin (for example, acne, scars, wrinkles, paleness, redness); hair; the shape or size of your nose, mouth, jaw, lips, stomach, hips, etc.; or defects of your hands, genitals, breasts, or any other body part.*

**NOTE: If you answered "No" to either of the above questions, you are finished with this questionnaire. Otherwise please continue.**

2) Is your main concern with how you look that you aren't thin enough or that you might get too fat? Yes No

3) How has this problem with how you look affected your life?

• Has it often upset you a lot? Yes No

• Has it often gotten in the way of doing things with friends, dating, your relationships with people, or your social activities? Yes No

--If yes: Describe how: \_\_\_\_\_

\_\_\_\_\_

• Has it caused you any problems with school, work, or other activities? Yes No

--If yes: What are they? \_\_\_\_\_

\_\_\_\_\_

• Are there things you avoid because of how you look? Yes No

--If yes: What are they? \_\_\_\_\_

\_\_\_\_\_

4) On an average day, how much time do you usually spend thinking about how you look? (Add up all the time you spend in total in a day, then circle one.)

(a) Less than 1 hour a day    (b) 1-3 hours a day    (c) More than 3 hours a day