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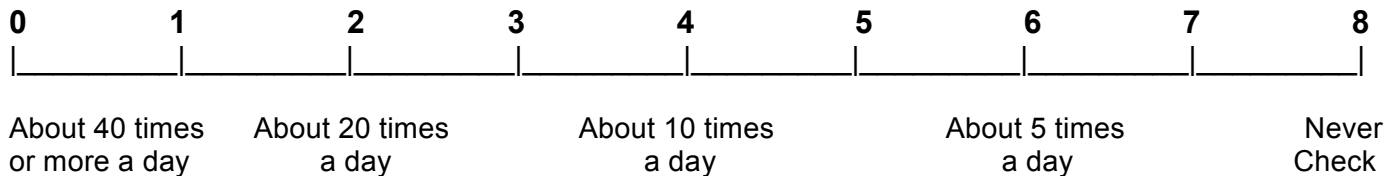
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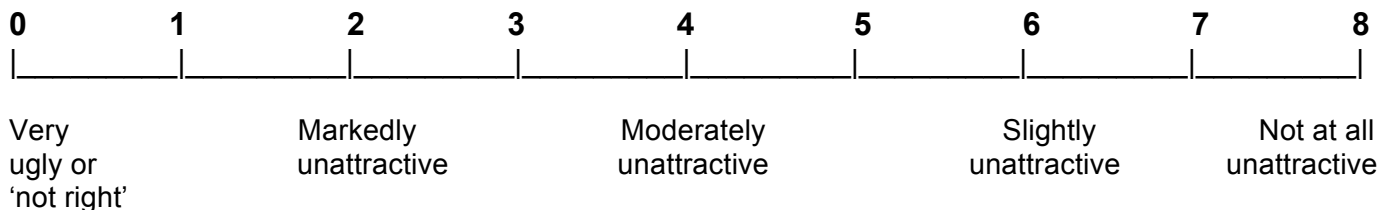
Body Image

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

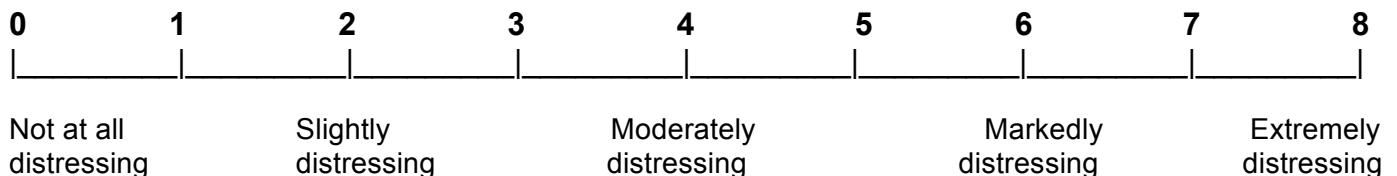
1) How often do you do you **deliberately** check your feature(s)? **Not accidentally catch sight of it.** Please include looking at your feature in a mirror or other reflective surfaces like a shop window or looking at it directly or feeling it with your fingers.



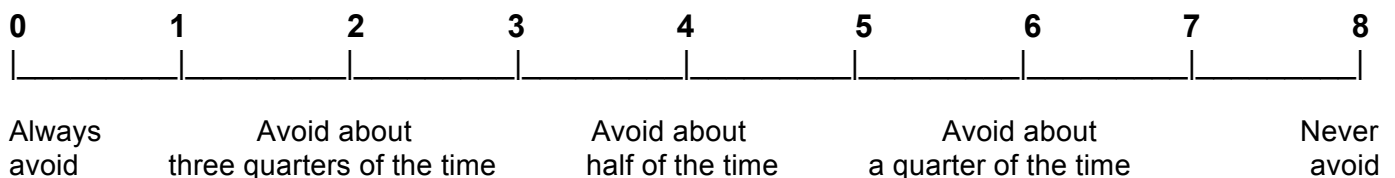
2) To what extent do you feel your feature(s) are **currently** ugly, unattractive or 'not right'?



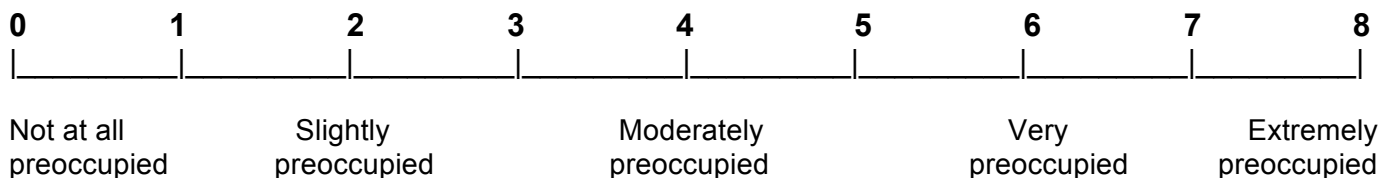
3) To what extent does your feature(s) **currently** cause you a lot of distress?



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 an existing partner? (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?

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

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.)

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

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

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

9) To what extent, 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