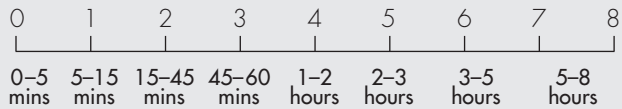


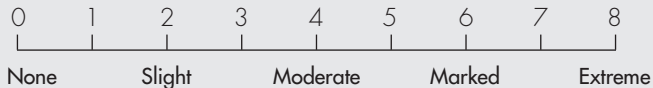
QUESTIONNAIRE 5.3: RATING THE SEVERITY OF YOUR BODY IMAGE SYMPTOMS

Answer the following questions by circling a number that best describes the **past week**.

1. **Frequency** – How much of your time on an average day has been occupied by worries about your appearance and related behaviors (e.g. checking, comparing) **over the past week**?



2. **Distress** – How much distress have your worries about your appearance caused you? Or how much distress have you felt when confronted with a situation you wanted to avoid?



3. **Handicap** – How much have worries about your appearance and related behaviors (e.g. checking, avoiding) interfered with friendships, relationships, family life or your ability to perform at work or study?



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4. **Avoidance** – How much have you avoided situations or activities or thoughts that are related to your worries about your appearance?

