## 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?

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, home entertainment)

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

