BODY DYSMORPHIC DISORDER DIAGNOSTIC MODULE – ADULT VERSION
DIAGNOSING BDD ACCORDING TO DSM-5 DIAGNOSTIC CRITERIA

CRITERION A

“Are you very worried about your appearance in any way?” OR, “Are you unhappy with how you look?”

If yes, “What is your concern? Do you think (fill in body area) is especially unattractive?”

“Are you unhappy with any other aspects of your appearance, such as your face, skin, hair, nose, or the shape, size, or any other aspect of your body?”

If yes, “Do these concerns preoccupy you? How much time would you estimate that you spend each day thinking about your appearance, if you add up all the time you spend?”

NOTE: Give some examples of body areas even if patient answers no to these questions.

CRITERION B

“Is there anything that you do over and over in response to your appearance concerns?”

“Do you do anything else to try to check, fix, hide, or be reassured about your (fill in disliked body areas)?”

B. At some point during the course of the disorder, the individual has performed repetitive behaviors (for example, mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (for example, comparing his or her appearance with that of others) in response to the appearance concerns.

NOTE: Specifically ask about these examples and any other repetitive behaviors done in response to the appearance concerns.

CRITERION C

“How much distress do these concerns cause you?”

“How much distress do these concerns cause you?”

“The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

NOTE: Ask about resulting anxiety, social anxiety, depression, panic, shame, hopelessness, guilt, and suicidal thinking.

NOTE: Ask about effects on work, school, and various aspects of role and social functioning (for example, caring for family, relationships, intimacy, social activities,
CRITERION D

If concern is secondary to Anorexia Nervosa or Bulimia Nervosa, score “1.”

D. The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder.

SPECIFIERS

Muscle Dysmorphia Specifier

“Are you preoccupied with the idea that your body build is too small or that you’re not muscular enough?”

Specify if: with muscle dysmorphia: The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular. This specifier is used even if the individual is preoccupied with other body areas, which is often the case.

Insight Specifier

“What word would you use to describe how bad these body areas -- (fill in all disliked areas) -- look?”

Elicit a global belief about the perceived defects rather than asking about specific body areas.

“How convinced are you that these body areas look (fill in patient’s global descriptor)?”

Indicate degree of insight regarding BDD beliefs:

- Good/fair insight: The individual recognizes that BDD beliefs are definitely or probably not true
- Poor insight: The individual thinks that BDD beliefs are probably true.
- Absent insight/delusional beliefs: The individual is completely convinced that BDD beliefs are true.

The format and scoring of this diagnostic measure are similar to those used by the Structured Diagnostic Interview for DSM. Questions to be asked are on the left; diagnostic criteria are on the right. All items must be coded 3 to meet diagnostic criteria for BDD. Italics indicate instructions to the interviewer.

These questions can also be asked for past concerns (by using past tense)

Katharine Phillips, M.D. 3/20/95; updated 2016
KatharinePhillipsMD.com
© Copyrighted – Katharine Phillips, MD -- scale may not be changed without permission from the author.