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
You are likely to have BDD if you gave the following answers:

- Question 1: Yes to both parts
- Question 3: Yes to any of the questions
- Question 4: Answers b or c

Please note that the above questions are intended to screen for BDD, not diagnose it; the answers indicated above can suggest that BDD is present but can’t necessarily give a definitive diagnosis.

Please note that a ‘yes’ answer to question 2 could indicate the presence of either BDD or an eating disorder. An evaluation by a clinician is recommended to determine which diagnosis may be more accurate.