

Body Dysmorphic Disorder

1. **Are you particularly bothered about a defect in your physical appearance?**

A S P

Can you tell me more about this concern? Is this defect something that only you notice or have others commented on it? What percent of a typical day do you spend focusing on this defect?

☒ ☒

[NOTES:]

2. **Do you engage in any repetitive behaviours or mental actions because of your concerns about this defect?**

A S P

☒ ☒

Do you do any of the following:

- ☐ Checking mirrors
- ☐ Avoiding mirrors
- ☐ Skin picking
- ☐ Reassurance seeking
- ☐ Hiding the area from view
- ☐ Researching or getting surgical procedures
- ☐ Exercising excessively
- ☐ Changing clothes excessively
- ☐ Grooming excessively
- ☐ Avoiding being photographed
- ☐ Comparing your appearance to that of others
- ☐ Other: _____

3. **[CLINICALLY SIGNIFICANT DISTRESS AND/OR IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:]**

A S P

☒ ☒

Is it very upsetting for you that you have these symptoms, or have the symptoms interfered with your ability to carry out daily activities?

In what ways have they interfered? Have they made it hard for you to work, socialize, go to school, or take care of things at home?

[NOTES:]

4. **[THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY AN EATING DISORDER IF THE PREOCCUPATION IS RELATED TO BODY FAT OR WEIGHT]**

A P

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DIAGNOSTIC IMPRESSION:
BODY DYSMORPHIC DISORDER

A **S** **P**
☒ ☐ ☐

[SPECIFY:]

PREOCCUPATION INCLUDES THE CONCERN THAT ONE'S BODY BUILD
IS TOO SMALL OR NOT MUSCULAR ENOUGH

WITH MUSCLE ☐
DYSPHORIA

[SPECIFY:]

INDIVIDUAL IS AWARE THAT APPEARANCE-RELATED BELIEFS ARE MOST
LIKELY NOT TRUE, OR THAT THEY MAY OR MAY NOT BE TRUE

WITH GOOD OR ☐
FAIR INSIGHT

INDIVIDUAL THINKS THAT APPEARANCE-RELATED
BELIEFS ARE PROBABLY TRUE

WITH POOR INSIGHT ☐

INDIVIDUAL HAS FULL CONVICTION THAT APPEARANCE-RELATED
BELIEFS ARE TRUE

WITH ABSENT ☐
INSIGHT/DELUSIONAL

IF DEGREE OF INSIGHT NOT KNOWN, ASK:
Do you think that your concerns about your appearance have created
problems for you?

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ATTACKS ☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

5. How old were you when these symptoms first began? _____

6. How old were you when these symptoms began to be a problem for you? _____

7. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are
you bothered by your symptoms? _____