

The Body Dysmorphic Disorder Questionnaire – Aesthetic Surgery (BDDQ-AS)

Instructions:

This questionnaire assesses your relationship with your physical appearance. Please indicate which answer best describes your experience.

		Yes		No		
1	Are you very worried about your appearance in any way?	1		0		
2	Do these concerns preoccupy you? That is, you think about them a lot and wish that you could worry about them less?	1		0		
		No	Mild, not too disturbing	Moderate, disturbing but still manageable	Severe, very disturbing	Extreme, disabling
3	Do these concerns cause you a lot of distress, torment or pain? (select the best answer)	1	2	3	4	5
		No	Mild, not too disturbing	Moderate, disturbing but still manageable	Severe, very disturbing	Extreme, disabling
4	Do these concerns cause you any impairment social, occupational or other important areas of functioning? (select the best answer)	1	2	3	4	5
5	Do these concerns often significantly interfere with your social life? (select the best answer)	1	2	3	4	5
6	Do these concerns often significantly interfere with your school work, job or ability to function in your role? (select the best answer)	1	2	3	4	5
		Yes		No		
7	Do you avoid doing anything because of your appearance concerns?	1		0		

Developer Reference:

Dufresne Jr, R. G., Phillips, K. A., Vittorio, C. C., & Wilkel, C. S. (2001). A screening questionnaire for body dysmorphic disorder in a cosmetic dermatologic surgery practice. *Dermatologic Surgery*, 27(5), 457-462.

[Administer Now](#)