

Dysmorphic Concern Questionnaire (DCQ)

Instructions:

Please read the following statements and answer in accordance to how much they apply to you.

Have you ever:

		Not at all	Same as most people	More than most people	Much more than most people
1	Been very concerned about some aspect of your appearance?	0	1	2	3
2	Considered yourself misformed or misshapen in some way (e.g., nose/hair skin/sexual organs/overall body build)?	0	1	2	3
3	Considered your body to be malfunctional in some way (e.g., excessive body odour, flatulence, sweating)?	0	1	2	3
4	Consulted or felt you needed to consult a plastic surgeon/dermatologist/physician about these concerns?	0	1	2	3
5	Been told by others/doctor that you are normal in spite of you strongly believing that something is wrong with your appearance or bodily functioning?	0	1	2	3
6	Spent a lot of time worrying about a defect in your appearance/bodily functioning?	0	1	2	3
7	Spent a lot of time covering up defects in your appearance/bodily functioning?	0	1	2	3

Developer Reference:

Mancuso, S. G., Knoesen, N. P., & Castle, D. J. (2010). The Dysmorphic Concern Questionnaire: A screening measure for body dysmorphic disorder. *Australian & New Zealand Journal of Psychiatry*, 44(6), 535-542.

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