



# BRIGHT STAR COMMUNITY CARE

## BODY IMAGE SCREEN

### Instructions:

Please tick the box that best describes the way you have felt about your appearance or a specific feature OVER THE PAST WEEK, INCLUDING TODAY

	Not at all	A little	Often	A lot	All the time
1. I compare aspects of my appearance to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I check my appearance (eg in mirrors, by touching with my fingers, or by taking pictures of myself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I avoid situations or people because of my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I brood about past events or reasons to explain why I look the way I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I think about how to camouflage or alter my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am focussed on how I feel I look, rather than on my surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I avoid reflective surfaces, photos or videos of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I discuss my appearance with others or question them about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I try to camouflage or alter aspects of my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I try to prevent people from seeing aspects of my appearance within particular situations (eg by changing my posture, avoiding bright lights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>