

Screening Questions for BDD  
The Body Dysmorphic Disorder Questionnaire (BDDQ) for Adults

You're likely to have BDD if you give the following answers on the BDDQ:

Question 1: Yes to both parts

Question 3: Yes to any of the questions

Question 4: Answer b or c

*This BDDQ was adapted from: Phillips, Katharine A. (2009-01-12). Understanding Body Dysmorphic Disorder. Oxford University Press. [www.overcomingbdd.com](http://www.overcomingbdd.com)*

BDDQ for Adults

Name \_\_\_\_\_

This questionnaire assesses concerns about physical appearance. Please read each question carefully and circle the answer that best describes your experience. Also write in answers where indicated.

**1. Are you very concerned about the appearance of some part(s) of your body that you consider particularly unattractive?**

Yes    No

If yes: Do these concerns preoccupy you? That is, you think about them a lot and wish you could think about them less?

Yes    No

If yes: What are they? \_\_\_\_\_ Examples of areas of concern include: your skin (e.g., acne, scars, wrinkles, paleness, redness); hair (e.g., hair loss or thinning); 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.

If yes: What specifically bothers you about the appearance of these body part(s)? (Explain in detail):

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**(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 your appearance that you aren't thin enough or that you might become too fat?**

Yes    No

**3. What effect has your preoccupation with your appearance had on your life?**

Has your defect(s) caused you a lot of distress or emotional pain?

Yes    No

Has it significantly interfered with your social life?

Yes    No

If yes: How? \_\_\_\_\_

\_\_\_\_\_

Has your defect(s) significantly interfered with your school work, your job, or your ability to function in your role (e.g., as a homemaker)?

Yes    No

If yes: How? \_\_\_\_\_

\_\_\_\_\_

Are there things you avoid because of your defect(s)?

Yes    No

If yes: How? \_\_\_\_\_

\_\_\_\_\_

**4. How much time do you spend thinking about your defect(s) per day on average? (add up all the time you spend) (circle one)**

- (a) Less than 1 hour a day
- (b) 1–3 hours a day
- (c) More than 3 hours a day