

BSQ-8C

We should like to know how you have been feeling about your appearance over the **PAST FOUR WEEKS**. Please read each question and circle the appropriate number to the right. Please answer all the questions.

OVER THE PAST FOUR WEEKS:

	Never		Rarely		Sometimes		Often		Very often		Always
1. Have you been afraid that you might become fat (or fatter)?.....	1	2	3	4	5	6					
2. Has feeling full (e.g. after eating a large meal) made you feel fat?.....	1	2	3	4	5	6					
3. Has thinking about your shape interfered with your ability to concentrate (e.g. while watching television, reading, listening to conversations)?.....	1	2	3	4	5	6					
4. Have you imagined cutting off fleshy areas of your body?.....	1	2	3	4	5	6					
5. Have you felt excessively large and rounded?.....	1	2	3	4	5	6					
6. Have you thought that you are in the shape you are because you lack self-control?.....	1	2	3	4	5	6					
7. Has seeing your reflection (e.g. in a mirror or shop window) made you feel bad about your shape?.....	1	2	3	4	5	6					
8. Have you been particularly self-conscious about your shape when in the company of other people?.....	1	2	3	4	5	6					