BSQ-16B

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:

1. Have you been so worried about your shape that you have been feeling you ought to diet?................................................................. 1 2 3 4 5 6
2. Have you been afraid that you might become fat (or fatter)?.............. 1 2 3 4 5 6
3. Has feeling full (e.g. after eating a large meal) made you feel fat?......... 1 2 3 4 5 6
4. Have you noticed the shape of other women and felt that your own shape compared unfavourably?....................................................... 1 2 3 4 5 6
5. 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
6. Has being naked, such as when taking a bath, made you feel fat?........... 1 2 3 4 5 6
7. Have you imagined cutting off fleshy areas of your body?.................... 1 2 3 4 5 6
8. Have you not gone out to social occasions (e.g. parties) because you have felt bad about your shape?.................................................. 1 2 3 4 5 6
9. Have you felt excessively large and rounded?..................................... 1 2 3 4 5 6
10. Have you thought that you are in the shape you are because you lack self-control?................................................................. 1 2 3 4 5 6
11. Have you worried about other people seeing rolls of fat around your waist or stomach?............................................................. 1 2 3 4 5 6
12. When in company have your worried about taking up too much room (e.g. sitting on a sofa, or a bus seat)?................................. 1 2 3 4 5 6
13. 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
14. Have you pinched areas of your body to see how much fat there is?..... 1 2 3 4 5 6
15. Have you avoided situations where people could see your body (e.g. communal changing rooms or swimming baths)?.................... 1 2 3 4 5 6
16. Have you been particularly self-conscious about your shape when in the company of other people?............................................. 1 2 3 4 5 6