

Name: _____

Date: _____

Body Dysmorphic Disorder Modification of the YBOCS (BDD-YBOCS)

(Phillips, 2005; modified Mansbridge, 2006. Used with permission.)

(7-day set)

Questions 1-5 refer to the unwelcome and distressing ideas, thoughts, images, or impulses that repeatedly enter your mind concerning a perceived defect or flaw in your appearance.

Please think about the *last 7 days* and check one answer for each question.

- Over the last 7 days, how much of your time was occupied by intrusive THOUGHTS about a perceived defect or flaw in your appearance? How frequently did the thoughts occur?
 0 = None (If you checked this answer, also check 0 for questions 2, 3, 4, and 5, and proceed to question 6)
 1 = Less than 1 hour per day, or occasional intrusions (occurred no more than 8 times in the day)
 2 = 1 to 3 hours, or frequent intrusions (occurred more than 8 times, but most hours of the day were free of obsessions)
 3 = More than 3 hours and up to 8 hours, or very frequent intrusions (occurred more than 8 times and during most hours of the day)
 4 = More than 8 hours, or near-constant intrusions (too numerous to count, and an hour rarely passed without several obsessions occurring)
- Over the last 7 days, how much did your thoughts about your appearance interfere with your social or work functioning? (If you are currently not working, please think about how much the thoughts interfered with your everyday activities.) (In answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts.)
 0 = No interference
 1 = Mild, slight interference with social or occupational activities, but overall performance not impaired
 2 = Moderate, definite interference with social or occupational performance, but still manageable
 3 = Severe interference, caused substantial impairment in social or occupational performance
 4 = Extreme, incapacitating interference
- Over the last 7 days, how much distress did your thoughts about your appearance cause you?
 0 = No distress
 1 = Mild, infrequent, and not too disturbing distress
 2 = Moderate, frequent, and disturbing distress, but still manageable
 3 = Severe, very frequent, and very disturbing distress
 4 = Extreme, near-constant, and disabling distress
- Over the last 7 days, how often did you try to disregard or ignore these thoughts about your appearance and let them pass naturally through your mind? (Here we are *not* interested in how successful you were in disregarding your thoughts but only in how much or how often you *tried* to do so.)
 0 = I always tried to let the thoughts pass naturally through my mind
 1 = I tried to ignore or disregard them most of the time (i.e., more than half the time)
 2 = I made some effort to ignore or disregard them
 3 = I rarely tried to ignore or disregard them
 4 = I never tried to ignore or disregard them
- Over the last 7 days, how *successful* were you at ignoring or disregarding your thoughts about your appearance? (*Note*: Do not include here thoughts stopped by avoidance or doing *compulsions*.)
 0 = I was always successful in ignoring or disregarding the thoughts
 1 = I was usually successful in ignoring or disregarding them (i.e., more than half the time)
 2 = I was sometimes successful in ignoring or disregarding them
 3 = I was rarely successful in ignoring or disregarding them
 4 = I was rarely able to disregard them even momentarily

(CONTINUED)

Questions 6-10 refer to activities or behaviors that you perform regarding a perceived defect or flaw in your appearance. These may include, but are not limited to, checking mirrors or other surfaces, grooming activities, scrutinizing others' appearance or comparing your appearance with theirs, skin picking or hair pulling, excessive exercise, selecting or changing clothing, applying makeup, asking about or discussing your appearance with others, or touching the body areas.

Please think about the *last 7 days*, and check one answer for each question.

6. Over the last 7 days, how much time did you spend in ACTIVITIES or behaviors related to your concern over your appearance? How frequently did you perform these activities?
- 0 = None (If you checked this answer, also check 0 for questions 7, 8, 9, and 10)
 - 1 = Less than 1 hour was spent in these activities, or occasional performance of these activities (no more than 8 times)
 - 2 = 1 to 3 hours were spent, or frequent performance of these activities (more than 8 times, but most hours of the day were free of these behaviors)
 - 3 = More than 3 hours and up to 8 hours were spent, or very frequent performance of these activities (more than 8 times a day and during most hours of the day)
 - 4 = More than 8 hours were spent, or near-constant performance of these activities (too numerous to count, and an hour rarely passed without several behaviors being performed)
7. Over the last 7 days, how much did these activities interfere with your social or work functioning? (If you are currently not working, please think about how much the activities interfered with your everyday activities.) Is there anything you didn't do, or did less, because of the activities?
- 0 = No interference
 - 1 = Mild, slight interference with social or occupational activities, but overall performance not impaired
 - 2 = Moderate, definite interference with social or occupational performance, but still manageable
 - 3 = Severe interference, caused substantial impairment in social or occupational performance
 - 4 = Extreme, incapacitating interference
8. Over the last 7 days, how did you feel or would you have felt if prevented from performing these activities? How anxious, distressed, or frustrated did you become or would you have become if the behaviors were suddenly interrupted?
- 0 = Not at all anxious
 - 1 = Only slightly anxious if activities prevented or interrupted
 - 2 = Anxiety would mount but remain manageable if activities prevented or interrupted
 - 3 = Prominent and very disturbing increase in anxiety if activities prevented or interrupted
 - 4 = Extreme, incapacitating anxiety from any intervention aimed at reducing the activities
9. Over the last 7 days, how much of an effort did you make to resist these activities? Or how often did you try to stop them? (Rate only how often or how much you *tried* to resist the behaviors, not how successful you actually were in stopping them.)
- 0 = I always made an effort to resist (or the urges were so minimal that there was no need to actively resist them)
 - 1 = I tried to resist them most of the time (i.e., more than half the time)
 - 2 = I made some effort to resist them
 - 3 = I yielded to almost all behaviors without attempting to control them, but I did so with some reluctance
 - 4 = I completely and willingly yielded to all activities related to my appearance
10. Over the last 7 days, how much control did you have over performing these activities? How successful were you in stopping them? (If you rarely tried to resist, please think about those rare occasions on which you *did try* to stop, in order to answer this question.)
- 0 = I had complete control over the compulsive behavior
 - 1 = Usually I could stop the behaviors with some effort and willpower
 - 2 = Sometimes I could stop the compulsive behavior, but only with difficulty
 - 3 = I could only delay the compulsive behavior, but eventually it had to be carried to completion
 - 4 = I was rarely able to delay performing the compulsive behavior even momentarily