

Patient Name: _____

Patient ID: _____

Today's date (mm/dd/yyyy): ____/____/____

Body Image Scale For Boys/Men

Directions: We want to know how you feel about different parts of your body. If you are unsure about the body part in question, see the picture below.

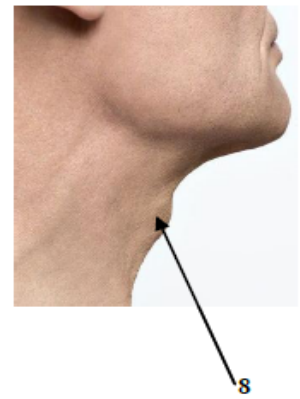
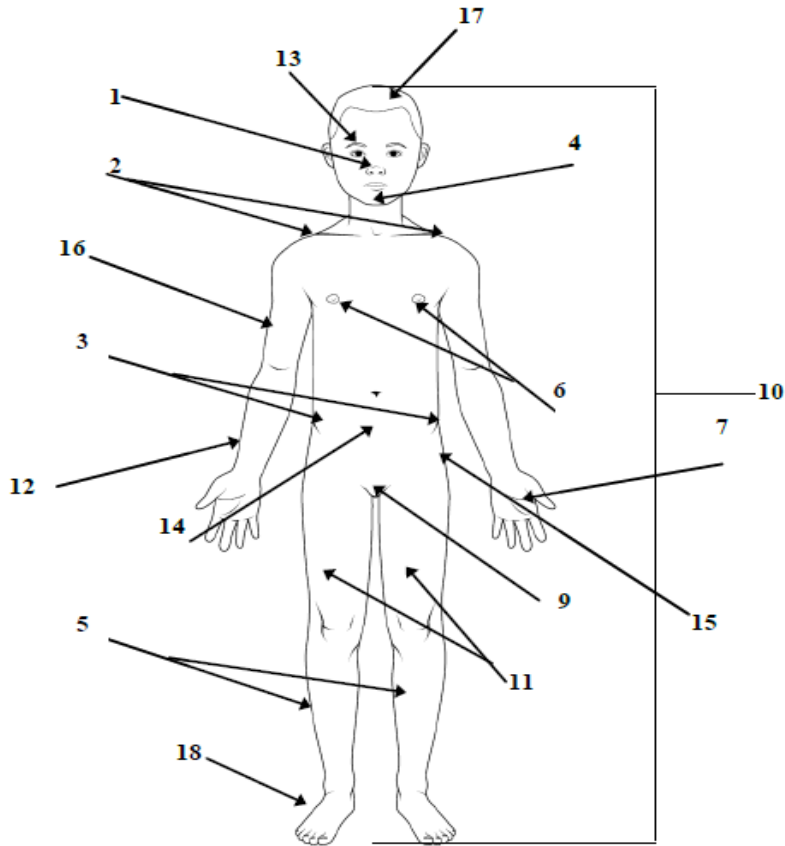
If you choose “neutral”, “unhappy”, or “very unhappy”, then answer (YES or NO) if you would want to change that part if you could through medical or surgical treatment (see sample below).

Sample: How happy are you with:

13. Eye Color

Very Happy
 Happy
 Neutral
 Unhappy
 Very Unhappy

Change?
 Yes
 No



How happy are you with:

1. Nose <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Shoulders <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hips <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Chin <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Calves <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Breasts/Chest <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Hands <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Adam's Apple <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Private Parts <input type="checkbox"/> Very Happy <input type="checkbox"/> Happy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhappy <input type="checkbox"/> Very Unhappy Change? <input type="checkbox"/> Yes <input type="checkbox"/> No

How happy are you with:

10. Height	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Thighs	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Arms	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Eyebrows	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Waist	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Buttocks	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Biceps	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Hair	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Feet	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How happy are you with:

19. Muscles	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Facial Hair	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. Face	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Voice	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Weight	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Figure/Body Shape	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Body Hair	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Appearance	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		