

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Today's date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Body Image Scale For Girls/Women

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

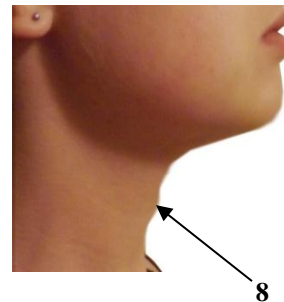
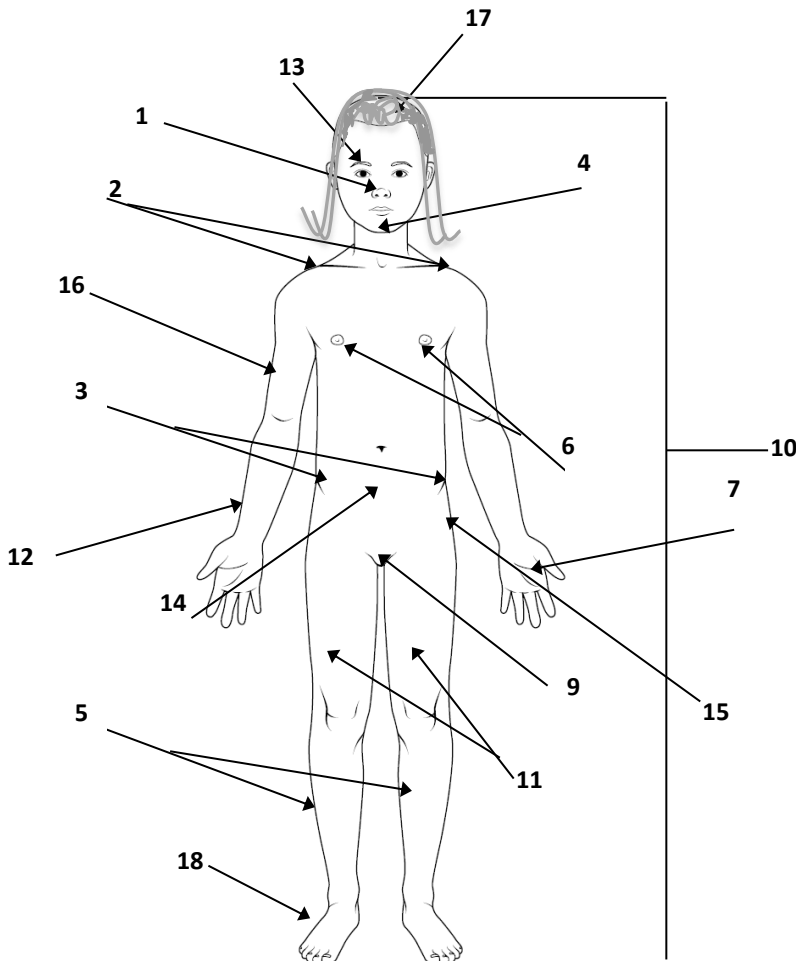
If you choose “neutral”, “unhappy”, or “very unhappy”, then answer (YES or NO) if you would want to change that part if you could through medical or surgical treatment (see sample below).

**Sample:** How happy are you with:


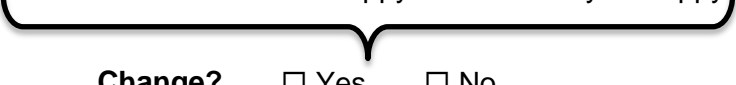

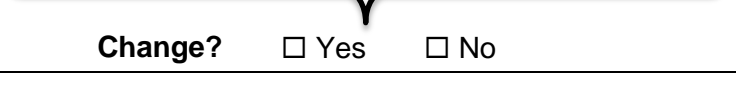
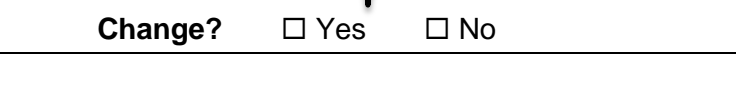
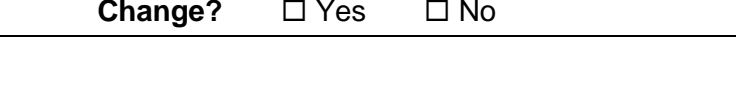
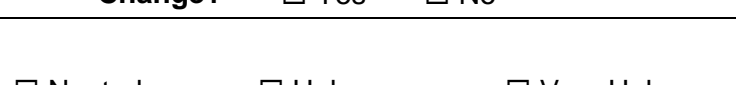
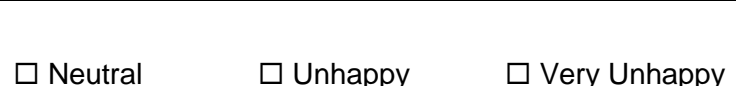

**13. Eye Color**

Very Happy     
  Happy     
  Neutral     
  Unhappy     
  Very Unhappy

**Change?**   
 Yes   
 No



How happy are you with:

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

How happy are you with:

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

How happy are you with:

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