

### **Body image survey (BIS)**

The modified BIS (with annotated male or female body silhouettes, according to version) comprises 30 items, each evaluating degree of happiness with a discrete body part. All items are rated on a 5-point scale (1 = “very happy,” 3 = “neutral,” 5 = “very unhappy”). Because the BIS was originally designed for transgender adults, 3 items from the original (“penis/clitoris”; “testes/ovaries”; and “scrotum/vagina”) were combined into one item labelled “private parts”; “chest” and “breast” were combined into one item labelled “chest”/’breasts”; and “stature” from the original BIS was removed. BIS items are grouped into three subscales: primary gender characteristics (private parts, facial hair, body hair, and breasts/chest [for the males] and private parts, breasts/chest, facial hair, and voice [for the females]); secondary gender characteristics (hips, figure/body shape, waist, arms, buttocks, biceps, appearance, muscles, weight, thighs, and hair [for both males and females] and voice and breasts/chest [for males], and body hair [for females]); and hormonally unresponsive<sup>1</sup> characteristics (nose, shoulders, chin, calves, hands, adam's apple, eyebrows, face, feet, and height [for both sexes]). The total and subscale scores are represented by the median item response (Lindgren & Pauly, 1975). Lower scores reflect greater happiness with one’s body. The BIS is first administered to girls and boys at 10 and 12 years of age, respectively.

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<sup>1</sup> This refers to those anatomic features which would not respond to *post-pubertal* endogen or exogen sex hormones.

## Scoring:

Each dimension is determined via computing the **median** of following items:

1. BIS hormone unresponsive = (1, 2, 4, 5, 7, 8, 10, 13, 18, 21).
2. BIS overall = (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26).

For boys:

1. BIS primary = (6, 9, 20, 25)
2. BIS secondary = (3, 11, 12, 14, 15, 16, 17, 19, 22, 23, 24, 26).

For girls:

1. BIS primary = (6, 9, 20, 22).
2. BIS secondary = (3, 11, 12, 14, 15, 16, 17, 19, 23, 24, 25, 26).

## References

Lindgren, T. W., & Pauly, I. B. (1975). A body image scale for evaluating transsexuals. *Archives of Sexual Behavior*, 4(6), 639-656.

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.

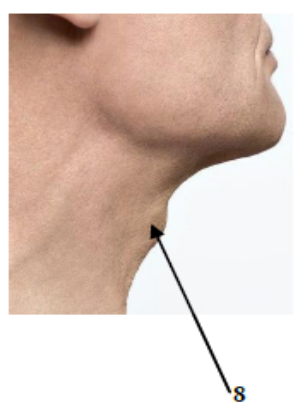
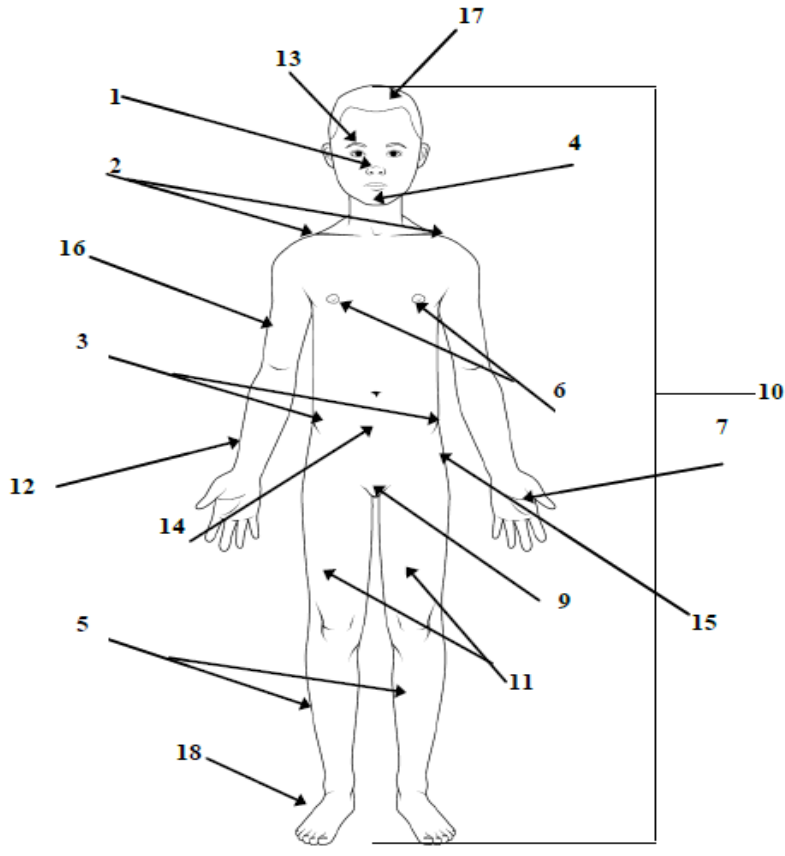
If you choose “neutral”, “unhappy”, or “very unhappy”, then answer (YES or NO) if you would want to change that part if you could through medical or surgical treatment (see sample below).

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

**13. Eye Color**

Very Happy     
  Happy     
  Neutral     
  Unhappy     
  Very Unhappy



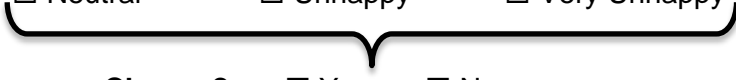






Change?    Yes    No



How happy are you with:

<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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

## Body Image Scale For Girls/Women

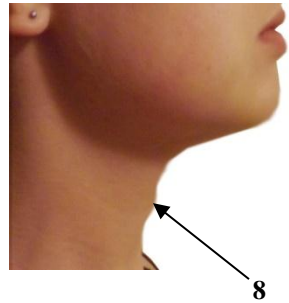
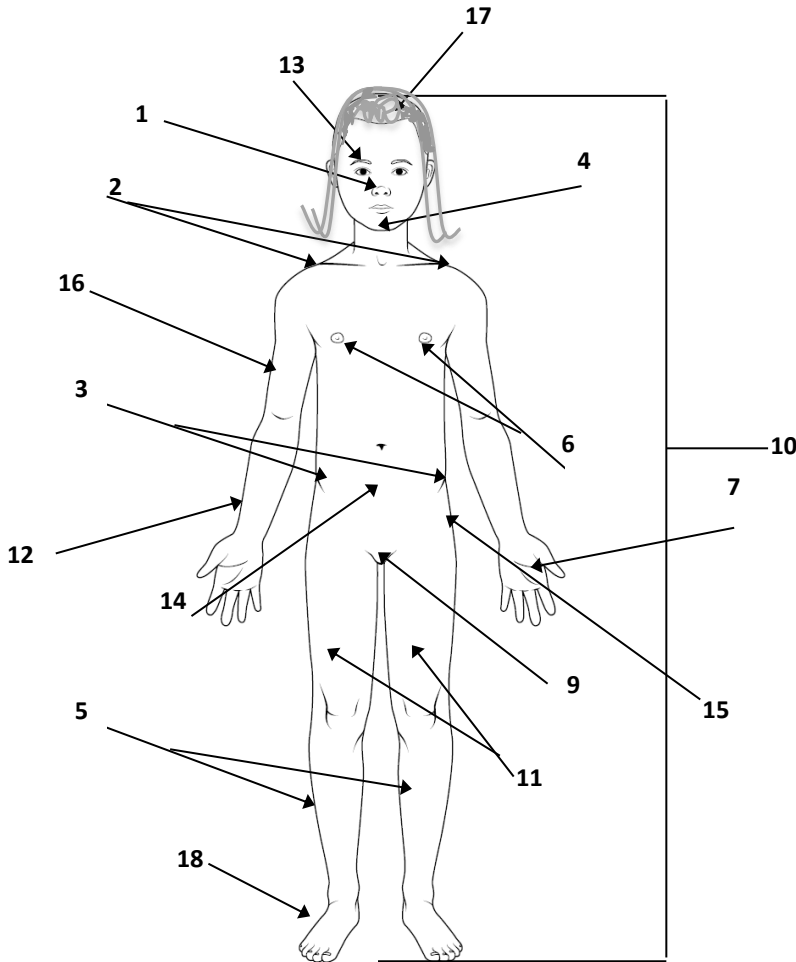
**Directions:** We want to know how you feel about different parts of your body. If you are unsure about the body part in the question, see the picture below.

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).

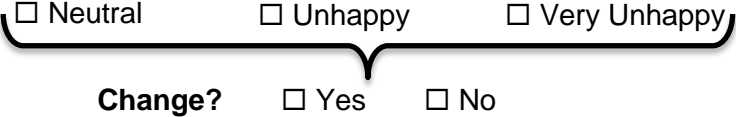
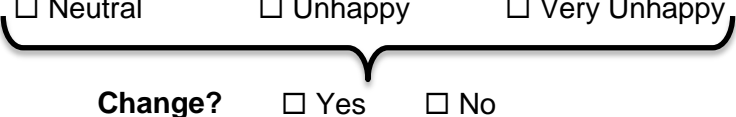
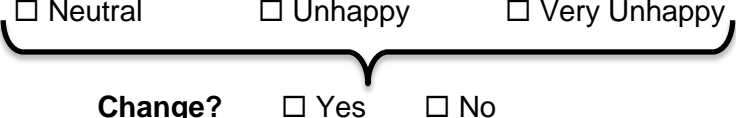
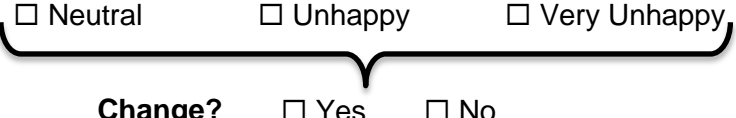
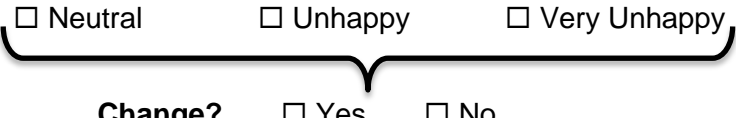
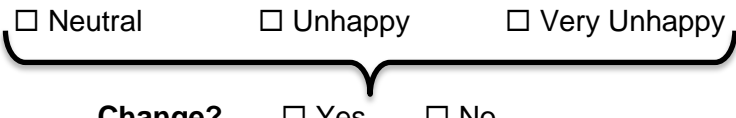
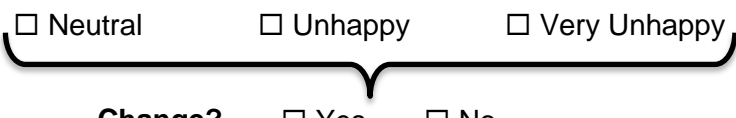
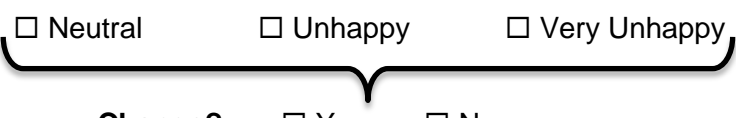
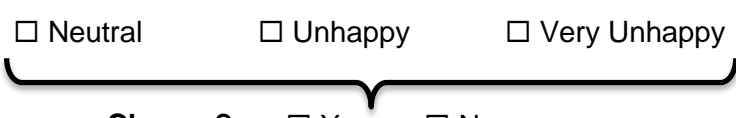
**Sample:**

**How happy are you with:**

<b>13. Eye Color</b>	<input type="checkbox"/> Very Happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Unhappy	<input type="checkbox"/> Very Unhappy
<b>Change?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <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
			Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		