

PATIENT QUESTIONNAIRE

Patient Name: _____

Date: _____

1. Are you seriously concerned that one part of your body is defective? No _____ Yes _____
2. Do you look at yourself in the mirror carefully and repeatedly? No _____ Yes _____
3. Do you avoid looking at yourself in the mirror to be less worried? No _____ Yes _____
4. Are you concerned that others may be looking at, talking about or making fun of your defect? No _____ Yes _____
5. Do you try to hide or camouflage your defect with your hands, makeup or clothing? No _____ Yes _____
6. Do you expect your life to change rapidly after surgery? No _____ Yes _____
7. Have you neglected your usual activities because of the defect? No _____ Yes _____
8. Are you ever so enraged and in despair that you lose control and become insulting, aggressive or violent towards your relatives and friends? No _____ Yes _____
9. At these times do you break any objects or punch and kick walls and doors? No _____ Yes _____
10. Are you ever so in despair that you wish yourself dead or want to harm yourself because of despair? No _____ Yes _____