

Name.....

Body Image Scale

Circle the number which best expresses your feelings about the item mentioned as it applies to you. Then **only if you have circled #3, #4, or #5**, answer **Yes or No** whether you have considered and might want a change if it was possible through medical or surgical treatment:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Change?
1. Nose	1	2	3	4	5	Yes / No
2. Shoulders	1	2	3	4	5	Yes / No
3. Hips	1	2	3	4	5	Yes / No
4. Chin	1	2	3	4	5	Yes / No
5. Calves	1	2	3	4	5	Yes / No
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6. Breasts	1	2	3	4	5	Yes / No
7. Hands	1	2	3	4	5	Yes / No
8. Adam's apple	1	2	3	4	5	Yes / No
9. Scrotum	1	2	3	4	5	Yes / No
10. Height	1	2	3	4	5	Yes / No
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11. Thighs	1	2	3	4	5	Yes / No
12. Arms	1	2	3	4	5	Yes / No
13. Eyebrows	1	2	3	4	5	Yes / No
14. Penis	1	2	3	4	5	Yes / No
15. Waist	1	2	3	4	5	Yes / No
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16. Muscles	1	2	3	4	5	Yes / No
17. Buttock	1	2	3	4	5	Yes / No
18. Facial hair	1	2	3	4	5	Yes / No
19. Face	1	2	3	4	5	Yes / No
20. Weight	1	2	3	4	5	Yes / No
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21. Biceps	1	2	3	4	5	Yes / No
22. Testicles	1	2	3	4	5	Yes / No
23. Hair	1	2	3	4	5	Yes / No
24. Voice	1	2	3	4	5	Yes / No
25. Feet	1	2	3	4	5	Yes / No
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26. Figure	1	2	3	4	5	Yes / No
27. Body hair	1	2	3	4	5	Yes / No
28. Chest	1	2	3	4	5	Yes / No
29. Appearance	1	2	3	4	5	Yes / No
30. Stature	1	2	3	4	5	Yes / No