

BODY DYSMORPHIC DISORDER DIAGNOSTIC MODULE – ADOLESCENT VERSION

DIAGNOSING BDD ACCORDING TO DSM-5 DIAGNOSTIC CRITERIA

CRITERION A

<p>“Are you very worried about how you look?” <i>If yes, “What don’t you like? Do you think (body part) looks really bad?”</i></p> <p><i>If yes, “Is there anything else you don’t like about how you look? What about your face, skin, hair, nose, or the shape, size, or any other part of your body?”</i></p> <p><i>If yes, “Do you think about (body part) a lot? Do you wish you could worry about it less?”</i></p> <p>“How much time do you spend each day thinking about how you look, if you add up all the time you spend?”</p>	<p>A. Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.</p> <p><i>NOTE: Give some examples of body areas even if patient answers no to these questions.</i></p> <p>Examples include: skin concerns (e.g., acne, scars, wrinkles, paleness), hair concerns (e.g. thinning), or the shape/size of the nose, jaw, lips, etc. Also consider perceived “defects” of hands, genitals, or any other body part.</p> <p><i>NOTE: List all body parts of concern.</i></p>	<p>1 2 3</p>
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CRITERION B

<p>“Do you do anything over and over because of how you look?”</p> <p>“Do you do anything else to try to check, fix, hide, or feel better about your (fill in disliked body areas)?”</p>	<p>B. At some point during the course of the disorder, the individual has performed repetitive behaviors (for example, mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (for example, comparing his or her appearance with that of others) in response to the appearance concerns.</p> <p><i>NOTE: Specifically ask about these examples and any other repetitive behaviors done in response to the appearance concerns.</i></p>	<p>1 2 3</p>
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CRITERION C

<p>“How does this problem with how you look affect your life?”</p> <p>“Does it upset you a lot?”</p>	<p>C. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p><i>NOTE: Ask about resulting anxiety, social anxiety, depression, panic, shame, hopelessness, guilt, and suicidal thinking.</i></p> <p><i>NOTE: Ask about effects on school, work, and various aspects of role and social functioning (for example, relationships, intimacy, social activities, household tasks, and other types of interference).</i></p>	<p>1 2 3</p>
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CRITERION D

If concern is secondary to Anorexia Nervosa or Bulimia Nervosa, score "1."

D. The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder.

1 2 3

SPECIFIERS

Muscle Dysmorphia Specifier

"Do you worry that your body build is too small or not muscular enough?"

Specify if : with muscle dysmorphia: The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular. This specifier is used even if the individual is preoccupied with other body areas, which is often the case.

1 2 3

Insight Specifier

"What word describes how bad these body areas (*fill in all disliked areas*) look?"

Indicate degree of insight regarding BDD beliefs:

Elicit a global belief about the perceived defects rather than asking about specific body areas.

- **Good/fair insight:** The individual recognizes that BDD beliefs are definitely or probably not true

1 2 3

- **Poor insight:** The individual thinks that BDD beliefs are probably true

1 2 3

"How certain are you that these body areas look (*fill in patient's global descriptor*)?"

- **Absent insight/delusional beliefs:** The individual is completely convinced that BDD beliefs are true

If patient has difficulty choosing a word, "Some people use words like ugly, deformed, hideous, unattractive.... do you think any of these apply to you?"

1 = absent

2 = sub-threshold

3 = threshold or true

The format and scoring of this diagnostic measure are similar to those used by the Structured Diagnostic Interview for DSM. Questions to be asked are on the left; diagnostic criteria are on the right. All items must be coded 3 to meet diagnostic criteria for BDD. Italics indicate instructions to the interviewer.

These questions can also be asked for past concerns (by using past tense)

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