

Appearance Anxiety Inventory (AAI)

Name: _____ Date: _____

Please check the box that best describes the way you have felt about your appearance or a specific feature **OVER THE PAST WEEK, INCLUDING TODAY**.

Rating: **0 = Not at all, 1 = A little, 2 = Often, 3 = A lot, 4 = All the time**

Item	0	1	2	3	4
1. I compare aspects of my appearance to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I check my appearance (e.g. in mirrors, by touching with my fingers, or by taking photos of myself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I avoid situations or people because of my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. brood about past events or reasons to explain why I look the way I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I THINK about how to camouflage or alter my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am focused on how I feel I look, rather than on my surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I avoid reflective surfaces, photos, or videos of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I discuss my appearance with others or question them about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I try to camouflage or alter aspects of my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I try to prevent people from seeing aspects of my appearance within particular situations (e.g., by changing my posture, avoiding bright lights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score:

Scoring and interpretation

The overall score is calculated by adding up the scores from all ten items. Individuals who obtain a score of 14–15 or higher are likely to exhibit symptoms that suggest a diagnosis of Body Dysmorphic Disorder (BDD).

Additional notes**Reference**

Veale, D., Eshkevaria, E., Kanakama, N., Ellisona, N., Costa, A., and Werner, T. (2014). The Appearance Anxiety Inventory: Validation of a Process Measure in the Treatment of Body Dysmorphic Disorder. *Behavioural and Cognitive Psychotherapy*, 42, 605-616.