



|                                |            |                          |                          |                          |                          |                          |            |
|--------------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|
| Maintain Friendships           | Not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extremely  |
| Fear of Abandonment            | Not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extremely  |
| <b>Self-Image Disturbances</b> |            |                          |                          |                          |                          |                          |            |
| Body Image Distortion          | Not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extremely  |
| Changes in Self-Perception     | Never      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frequently |
| Feelings of Emptiness          | Not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extremely  |
| Identity Confusion             | Not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extremely  |

**Extra Notes**