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## Cosmetic Procedures Screening Questionnaire (COPS)

This questionnaire aims to understand how you feel about your appearance prior to a cosmetic procedure. All information will be kept strictly confidential.

***Please study this example before completing question 1.*** In a moment, we will ask you to describe the feature(s) of your body which you dislike or would like to improve. If you want to improve more than one feature, please list all the features in the space provided. Please note, the 1<sup>st</sup> feature should be the feature you are most concerned about.

*This is an example of a woman whose main worry was her nose and who was concerned to a lesser extent by her skin and bottom.*

### **1) Features Causing Concern**

Please describe the feature(s) of your body, which you dislike or would like to improve.

#### **1<sup>st</sup> Feature**

*Nose is too crooked with a bump*

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#### **2nd Feature**

*Blemishes and acne scars on face*

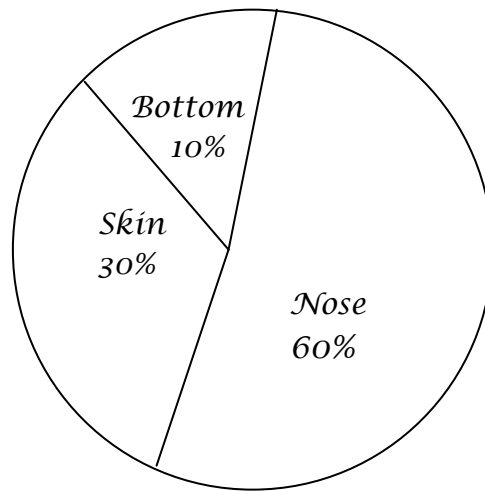
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#### **3rd Feature**

*Bottom is too big*

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We will then ask you to draw a pie chart and estimate the percentage of concern allocated to each feature. The person above completed her pie chart like this.



**1) Features Causing Concern**

Please describe the feature(s) of your body which you dislike or would like to improve.

**1<sup>st</sup> Feature** (feature you are most concerned about)

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**2nd Feature**

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**3rd Feature**

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**4th Feature**

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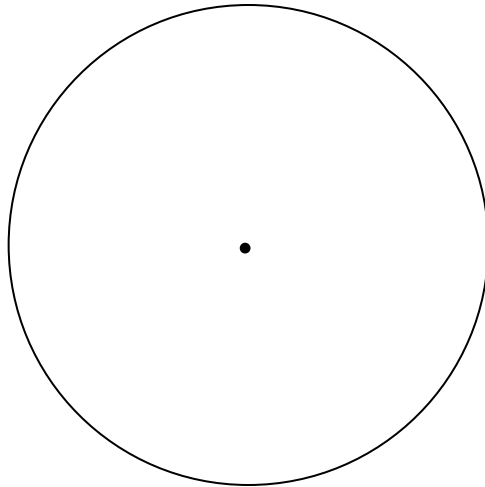
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**5th Feature**

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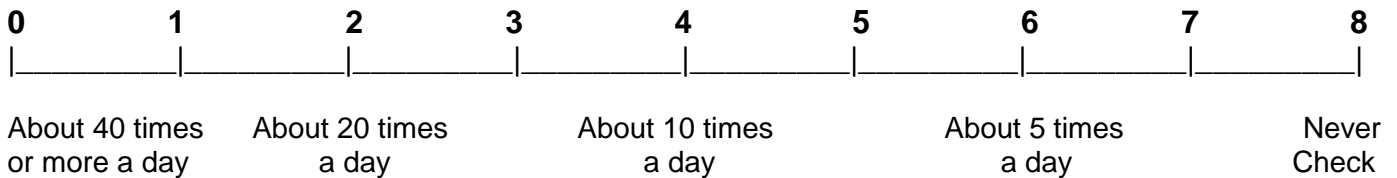
Now please draw a pie chart and estimate the percentage of concern allocated to each feature. Please ensure that your percentages add up to 100%!



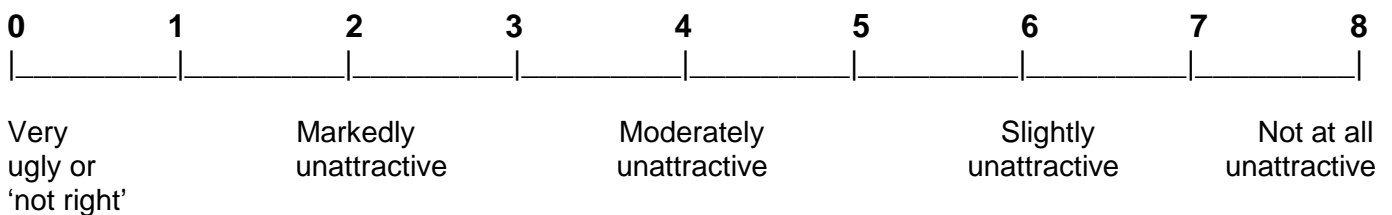
From now on, we will refer to these concerns as your 'feature(s).'

Please read the next set of questions below carefully and circle the number that best describes the way that you feel about your feature(s). **Please read the labels carefully to ensure you are circling the number that reflects how you feel because some of the answers are worded in a reverse order.**

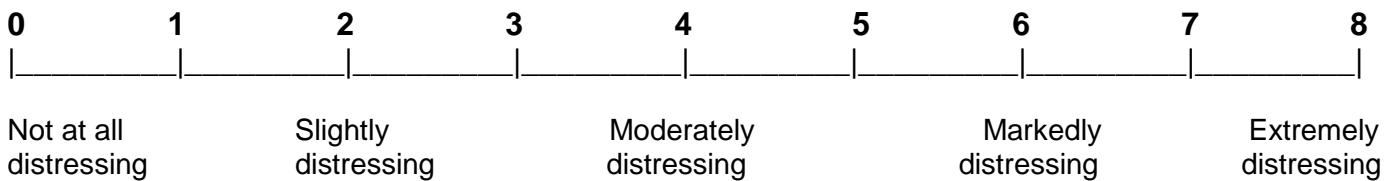
**2) How often do you **deliberately** check your feature(s)? **Not accidentally catch sight of it.**** Please include looking at your feature in a mirror or other reflective surfaces like a shop window or looking at it directly or feeling it with your fingers.



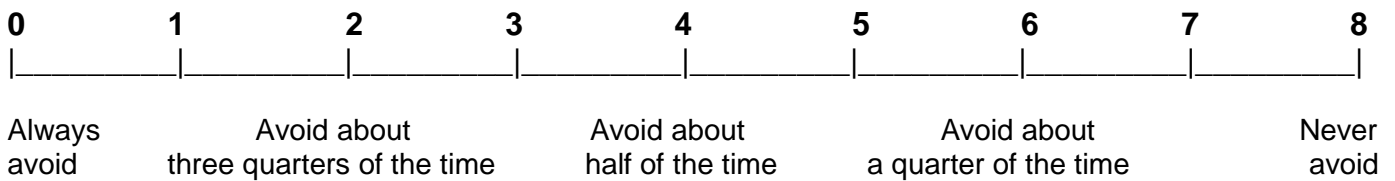
**3) How much do you feel your feature(s) is **currently** ugly, unattractive or 'not right'?**



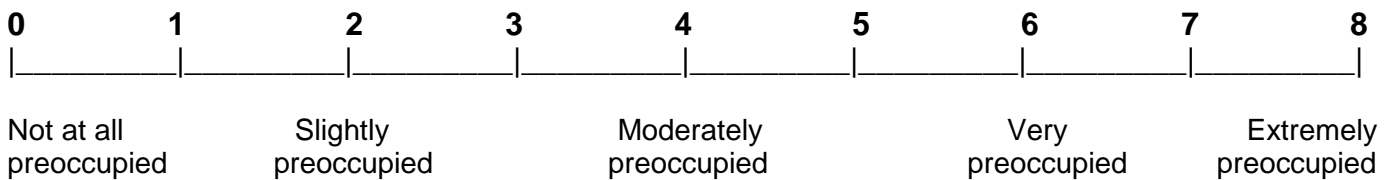
4) How much does your feature(s) **currently** cause you a lot of distress?



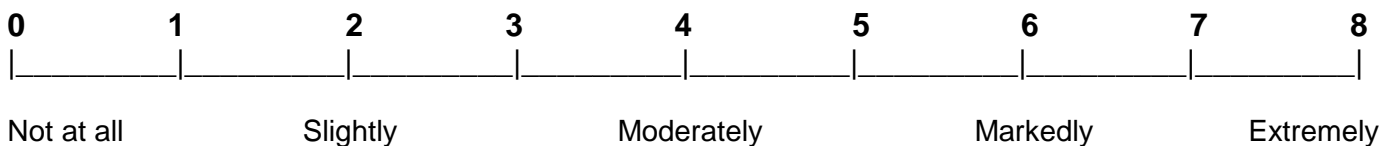
5) How often does your feature(s) **currently** lead you to avoid situations or activities?



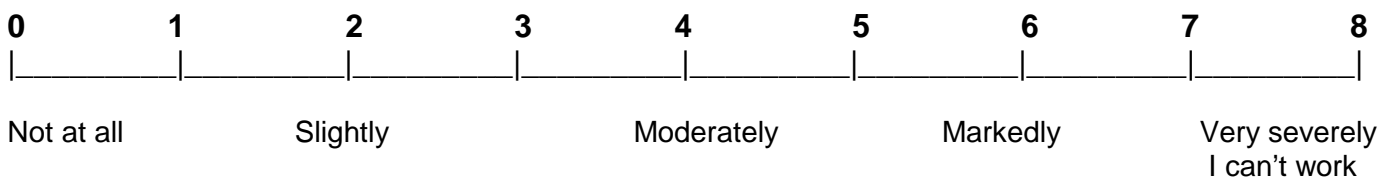
6) How much does your feature(s) **currently** preoccupy you? That is, you think about it a lot and it is hard to stop thinking about it?



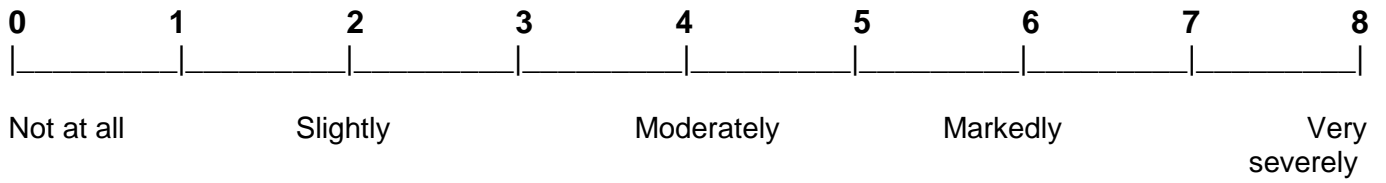
7) **If you have a partner**, how much does your feature(s) **currently** have an effect on your relationship with an existing partner? **If you do not have a partner**, how much does it have an effect on dating or developing a relationship?



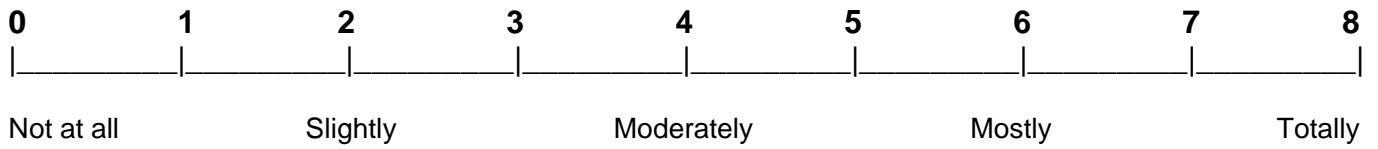
8) How much does your feature(s) currently interfere with your ability to work or study, or your role as a homemaker? (Please rate this even if you are not working or studying: we are interested in your ability to work or study.)



9) How much does your feature(s) currently interfere with your social life?



10) How much do you feel your appearance is the most important aspect of who you are?



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