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Appearance Anxiety Inventory

Please tick the box that best describes the way you have felt about your appearance of a specific feature OVER THE PAST WEEK, INCLUDING TODAY

Name _____ Date _____

		Not at all 0	A little 1	Often 2	A lot 3	All the time 4
1	I compare aspects of my appearance to others					
2	I check my appearance (e.g. in mirrors, by touching with my fingers, or by taking photos of myself)					
3	I avoid situations or people because of my appearance					
4	I brood about past events or reasons to explain why I look the way I do					
5	I <u>think</u> about how to camouflage or alter my appearance					
6	I am focussed on how I feel I look, rather than on my surroundings					
7	I avoid reflective surfaces, photos, or videos of myself					
8	I discuss my appearance with others or question them about it					
9	I try to camouflage or alter aspects of my appearance					
10	I try to prevent people from seeing aspects of my appearance within particular situations (e.g., by changing my posture, avoiding bright lights)					

	Total
Avoidance subscale	
Threat monitoring subscale	
Total	