



Appearance Anxiety Inventory (AAI)

Instructions:

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.

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