

Entered: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

Verified: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ID

VISIT Visit: \_\_\_\_\_

For office use only.

**Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2  
Body Shape Questionnaire (BSQ) – Version: 06/30/2006 FORMV**

Form Completion Date \_\_ \_\_ / \_\_ \_\_ / 20\_\_ **BSQDATE**  
mm dd yy

**Instructions:** We would like to know how you have been feeling about your appearance over the PAST FOUR WEEKS. Please read each question and circle the appropriate number to the right. Please answer all the questions, and only check one box per question.

OVER THE PAST FOUR WEEKS...		Never (1)	Rarely (2)	Some- times (3)	Often (4)	Very often (5)	Always (6)
1.	Has feeling bored made you brood about your shape? <b>BSQSHAPE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you been so worried that you have been feeling that you ought to diet? <b>BSQDIET</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you thought that your thighs, hips, or bottom are too large for the rest of you? <b>BSQLARGE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you been afraid that you might become fat (or fatter)? <b>BSQFAT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you worried about your flesh not being firm enough? <b>BSQFIRM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has feeling full (e.g., after eating a large meal) made you feel fat? <b>BSQFULL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you felt so badly about your shape that you've cried? <b>BSQCRIED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you avoided running because your flesh might wobble? <b>BSQWOBB</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has being with thin people made you feel self-conscious about your weight? <b>BSQWGT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you worried about your thighs spreading out when sitting down? <b>BSQTHIGH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has eating even a small amount of food made you feel fat? <b>BSQFOOD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you noticed the shape of other people and felt that your own shape compared unfavorably? <b>BSQUNFAV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has thinking about your shape interfered with your ability to concentrate (e.g., while watching)? <b>SQCONC</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Has being naked, such as taking a bath, made you feel fat? <b>BSQBATH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you noticed wearing clothes which make you particularly aware of the shape of your body? <b>SQBODY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you imagined cutting off fleshy areas of your body? <b>BSQCUT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER THE PAST FOUR WEEKS...	Never (1)	Rarely (2)	Some- times (3)	Often (4)	Very often (5)	Always (6)
17. Has eating sweets, cakes, or other high calorie foods made you feel fat? <b>BSQSWEET</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you not gone out to social occasions (e.g., parties) because you have felt bad about your shape? <b>BSQOUT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you felt excessively large and rounded? <b>BSQROUND</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you felt ashamed about your body? <b>BSQASH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has worry about your shape made you diet? <b>BSQWORRY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you felt happiest about your shape when your stomach has been empty (e.g., in the morning)? <b>BSQSTOM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you thought that you are the shape you are because of lack of self control? <b>BSQLACK</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you worried about other people seeing rolls of flesh around your waist or stomach? <b>BSQROLLS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever felt that it is not fair that other people are thinner than you? <b>BSQTHIN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you vomited in order to feel thinner? <b>BSQVOMIT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When in company have you worried about taking up too much room (e.g., sitting on a sofa or a bus seat)? <b>BSQROOM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you worried about your flesh being dimply? <b>BSQDIMP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Has seeing your reflection (e.g., in a mirror or shop window) made you feel bad about your shape? <b>BSQREF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you pinched areas of your body to see how much fat there is? <b>BSQPINCH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you avoided situation where people could see your body (E.g., communal changing rooms or swimming baths)? <b>BSQAVOID</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you taken laxatives in order to feel thinner? <b>BSQLAX</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you been particularly self-conscious about your shape when in the company of other people? <b>BSQSELF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has worry about your shape made you feel you ought to exercise? <b>BSQEXER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>