

THE DERRIFORD APPEARANCE SCALE (DAS 59)

YOUR NAME	DATE
	/ /
YOUR DATE OF BIRTH	SEX: Male / Female
/ /	
OCCUPATION: Yours	Partner's / Spouse's

YOUR FAMILY STATUS (please tick the option closest to your situation)

Married/Living with partner	Living alone	Living with relatives/friends
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR NATIONALITY

YOUR ETHNIC BACKGROUND (please tick)

Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black – African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black – Caribbean	<input type="checkbox"/>
White	<input type="checkbox"/>				
Other (please specify)			Black – other (please specify)		

This questionnaire is concerned about how you feel about your appearance

The first part of the scale is designed to find out if you are sensitive or self-conscious about any aspect of your appearance (even if this is not usually visible to others).

(a) Is there any aspect of your appearance (however small) that concerns you at all?

Yes / No	
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If no, please turn to the next page If yes, please continue:

(b) The aspect of my appearance about which I am most sensitive or self-conscious is

From now on, we will refer to this aspect of your appearance as your ‘feature’

(c) The thing I do not like about my ‘feature’ is

(d) If you are sensitive or concerned about any other features of your body or your appearance, please say what they are

For each question

Please read each statement carefully and then circle the appropriate number on the right hand side.

If a statement does not apply to you, circle N/A.

Please be sure to answer the whole scale: do not miss out any items.

For questions 1 to 33 use the scale

1	2	3	4	N/A
Almost never	Sometimes	Often	Almost always	Does not apply

1	I am self-conscious of my 'feature'	1	2	3	4	N/A
2	I avoid children in the street	1	2	3	4	N/A
3	I find it difficult to make friends	1	2	3	4	N/A
4	I avoid undressing in front of my spouse / partner	1	2	3	4	N/A
5	At present I try to avoid going to my school / college / work	1	2	3	4	N/A
6	I avoid going to pubs / restaurants	1	2	3	4	N/A
7	I avoid going to parties / discos	1	2	3	4	N/A
8	I take a special interest in what other people's 'feature' looks like	1	2	3	4	N/A
9	I avoid communal changing rooms	1	2	3	4	N/A
10	I avoid having my photograph taken	1	2	3	4	N/A
11	I avoid getting my hair wet	1	2	3	4	N/A
12	I have been hurt by other people saying things about my 'feature'	1	2	3	4	N/A
13	I avoid shopping in department stores	1	2	3	4	N/A
14	I avoid going out of the house	1	2	3	4	N/A
15	I raise the subject of my 'feature' in conversation before other people do	1	2	3	4	N/A
16	I close into my shell	1	2	3	4	N/A
17	My self-consciousness makes me irritable at home	1	2	3	4	N/A
18	Other people misjudge me because of my 'feature'	1	2	3	4	N/A
19	In the past I have tried to avoid going to school / college / work	1	2	3	4	N/A
20	I feel an embarrassment to my friends	1	2	3	4	N/A
21	I feel a freak	1	2	3	4	N/A
22	I worry about my sanity	1	2	3	4	N/A
23	My self-consciousness has an adverse effect on my sex life	1	2	3	4	N/A
24	My self-consciousness has an adverse effect on my marriage	1	2	3	4	N/A
25	My 'feature' causes me pain or discomfort	1	2	3	4	N/A
26	My 'feature' physically limits my ability to do the things I want to do	1	2	3	4	N/A
27	My 'feature' makes me feel unattractive	1	2	3	4	N/A
28	My 'feature' makes me feel unlovable	1	2	3	4	N/A
29	My 'feature' makes me feel isolated	1	2	3	4	N/A
30	My 'feature' makes me feel embarrassed	1	2	3	4	N/A
21	My 'feature' makes me feel inferior	1	2	3	4	N/A
32	My 'feature' makes me feel rejected	1	2	3	4	N/A
33	My 'feature' makes me feel useless	1	2	3	4	N/A

For questions 34 to 51 use the scale

1	2	3	4	5	N/A
Not at all distressed		Moderately distressed		Extremely distressed	Does not apply

HOW DISTRESSED DO YOU GET WHEN:

34	Other people stare at your 'feature'	1	2	3	4	5	N/A
35	Other people make remarks about your 'feature'	1	2	3	4	5	N/A
36	Other people ask about your 'feature'	1	2	3	4	5	N/A
37	You go to the beach	1	2	3	4	5	N/A
38	Others see you in a particular view (eg. front, side)	1	2	3	4	5	N/A
39	You go to your school / college / work	1	2	3	4	5	N/A
40	You travel on public transport	1	2	3	4	5	N/A
41	You see yourself in a mirror / window	1	2	3	4	5	N/A
42	You meet strangers	1	2	3	4	5	N/A

HOW DISTRESSED ARE YOU BY:

43	Being unable to wear your favourite clothes	1	2	3	4	5	N/A
44	Being unable to change your hairstyle	1	2	3	4	5	N/A
45	Not being able to go swimming	1	2	3	4	5	N/A
46	Not being able to play games	1	2	3	4	5	N/A
47	Not being able to go to social events	1	2	3	4	5	N/A
48	Being unable to answer the front door at home	1	2	3	4	5	N/A
49	Being unable to look at yourself in the mirror	1	2	3	4	5	N/A
50	Being unable to go to pubs / restaurants	1	2	3	4	5	N/A
51	Not being able to go out in windy weather	1	2	3	4	5	N/A

For questions 52 to 59 use the scale

1	2	3	4	5
Not at all	Slightly	Moderately	Greatly	Extremely

IN GENERAL

52	How confident do you feel?	1	2	3	4	5
53	How irritable do you feel?	1	2	3	4	5
54	How secure do you feel?	1	2	3	4	5
55	How cheerful do you feel?	1	2	3	4	5
56	How normal do you feel?	1	2	3	4	5
57	How feminine / masculine do you feel?	1	2	3	4	5
58	How hurt do you feel?	1	2	3	4	5
59	How hostile do you feel?	1	2	3	4	5