

## FACT/McGill Body Image Scale – Head & Neck (FACT-MBIS)

The following questions relate to changes in your body **AS A RESULT OF YOUR HEAD AND NECK CANCER AND/OR ITS TREATMENTS YOU RECEIVED**, including:

- 1) Changes to your physical appearance;
- 2) Changes in how your body functions (for example: speaking, eating, swallowing);
- 3) Changes in your senses (for example: sight, touch, hearing, smell, taste).

People react differently to these changes. Please indicate the number that represents your degree of agreement with the following statements **DURING THE PAST TWO WEEKS, INCLUDING TODAY**. It is important to answer all of the questions. If some appear similar, it is because we want to make sure to understand your experience.

<b><u>SELF-IMAGE</u></b>	<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
MBI5 I am afraid of being rejected as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI10 I am embarrassed by the changes in my body when talking to people that I know either slightly or not at all ..	0	1	2	3	4
MBI12 I feel diminished as a person as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI13 I am embarrassed to speak, eat, or drink in public as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI14 I avoid situations that involve speaking, eating, or drinking in public because I feel shy about my appearance .....	0	1	2	3	4
MBI16 I isolate myself from other people as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI17 I feel worthless when thinking about the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI18 I feel ashamed about the changes in my appearance, function, and/or senses .....	0	1	2	3	4
MBI19 I avoid eye contact as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI20 I worry that strangers will perceive me negatively as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI21 I feel uncomfortable when strangers ask me questions about the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4

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Please indicate the number that represents your degree of agreement with the following statements **DURING THE PAST TWO WEEKS, INCLUDING TODAY**. It is important to answer all of the questions. If some appear similar, it is because we want to make sure to understand your experience.

### **SOCIAL DISCOMFORT**

		Not at all	A little bit	Somewhat	Quite a bit	Very much
MBI1	When in public, I feel embarrassed by the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI2	I feel self-conscious about the changes in my body (appearance, function, and/or senses) when I meet new people .....	0	1	2	3	4
MBI3	The changes in my body (appearance, function, and/or senses) have diminished my self-confidence .....	0	1	2	3	4
MBI4	I worry that people will make comments about the changes in my body (appearance, function, and/or senses) when I go out in public .....	0	1	2	3	4
MBI6	I am worried that strangers will stare at me as a result of the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI7	I feel uncomfortable going out in public when the changes in my body are not hidden .....	0	1	2	3	4
MBI8	I am distressed when I see myself in a mirror or see my reflection, as a result of the changes in my body (appearance, function and/or senses) .....	0	1	2	3	4
MBI9	I am afraid that certain people will refuse to be around me as a result of the changes in my body (appearance, function and/or senses) .....	0	1	2	3	4
MBI11	I am uncomfortable when I think that other people are noticing the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4
MBI15	I am worried about children's reactions to the changes in my body (appearance, function, and/or senses) .....	0	1	2	3	4