

Body Awareness Questionnaire (Shields, Mallory & Simon, 1989)

Instructions:

Listed below are a number of statements regarding your sensitivity to normal, nonemotive body processes. For each statement, select a number from 1 to 7 that best describes how the statement describes you and place the number in the box to the right of the statement.

	Not at all true of me							Very true of me
	1	2	3	4	5	6	7	
1.								<input type="checkbox"/>
2.								<input type="checkbox"/>
3.								<input type="checkbox"/>
4.								<input type="checkbox"/>
5.								<input type="checkbox"/>
6.								<input type="checkbox"/>
7.								<input type="checkbox"/>
8.								<input type="checkbox"/>
9.								<input type="checkbox"/>
10.*								<input type="checkbox"/>
11.								<input type="checkbox"/>
12.								<input type="checkbox"/>
13.								<input type="checkbox"/>
14.								<input type="checkbox"/>
15.								<input type="checkbox"/>
16.								<input type="checkbox"/>
17.								<input type="checkbox"/>
18.								<input type="checkbox"/>

Note: * indicates a reversed scored item.

References

Shields, S.A., Mallory, M.E., & Simon, A. (1989). The Body Awareness Questionnaire: Reliability and validity. *Journal of Personality Assessment*, *53*, 802-815.

Please note that a revised version of this scale is under development and will be posted when it becomes available. For information about the status of the revised version, please contact Dr. Stephanie A. Shields at sashiels@psu.edu.