

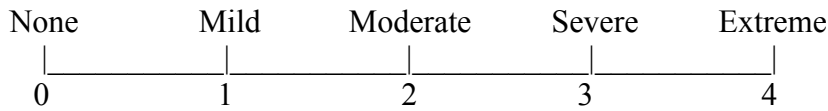
Date: _____

Visit Number: _____

Skin Picking Symptom Assessment Scale (SP-SAS)

The following questions are aimed at evaluating skin picking symptoms. Please **read** the questions **carefully** before you answer.

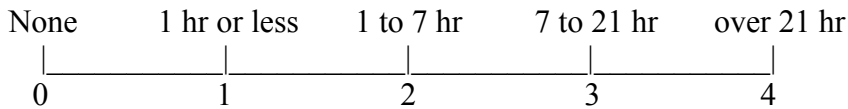
1) If you had urges to pick during the past WEEK, on average, how strong were your urges? Please circle the most appropriate number:



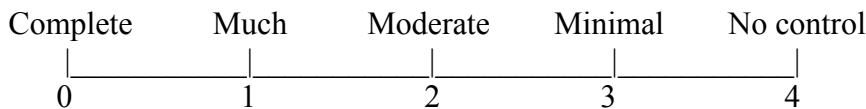
2) During the past WEEK, how many times did you experience urges to pick? Please circle the most appropriate number.

- 0) None
- 1) Once
- 2) Two or three times
- 3) Several to many times
- 4) Constant or near constant

3) During the past WEEK, how many hours (add up hours) were you preoccupied with your urges to pick? Please circle the most appropriate number.



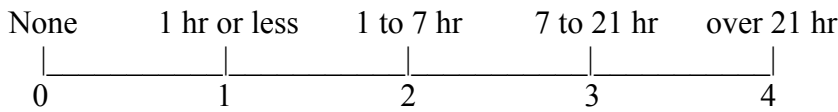
4) During the past WEEK, how much were you able to control your urges? Please circle the most appropriate number.



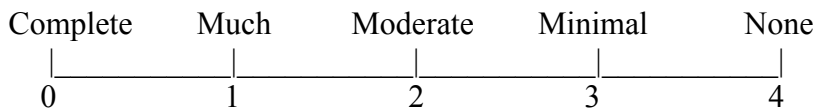
5) During the past WEEK, how often did thoughts about picking come up? Please circle the most appropriate number.

- 0) None
- 1) Once
- 2) Two to four times
- 3) Several to many times
- 4) Constantly or nearly constantly

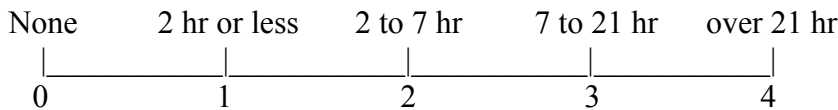
6) During the past WEEK, approximately how many hours (add up hours) did you spend thinking about picking? Please circle the most appropriate number.



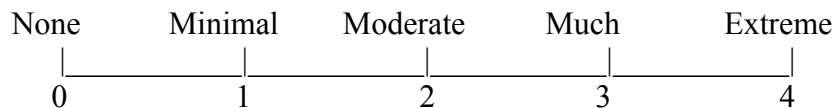
7) During the past WEEK, how much were you able to control your thoughts of picking? Please circle the most appropriate number.



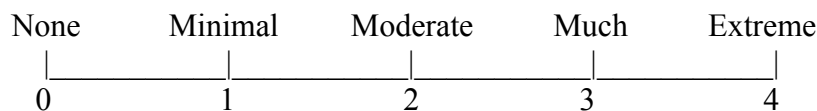
8) During the past WEEK, approximately how much total time did you spend skin picking or on skin picking related activities? Please circle the most appropriate number.



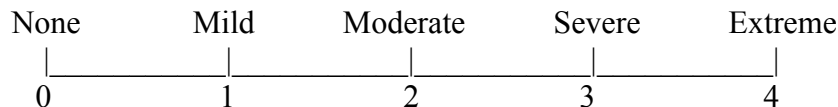
9) During the past WEEK, on average, how much tension or excitement did you have shortly before you engaged in skin picking? If you did not actually pick anything, please estimate how much anticipatory tension or excitement you believe you would have experienced, if you had picked. Please circle the most appropriate number.



10) During the past WEEK, on average, how much excitement and pleasure did you feel when you picked? If you did not actually pick, please estimate how much excitement and pleasure you believe you would have experienced if you had picked. Please circle the most appropriate number.



11) During the past WEEK, how much emotional distress (mental pain or anguish, shame, guilt, embarrassment) has your skin picking caused you? Please circle the most appropriate number.



12) During the past WEEK, how much personal trouble (relationship, medical, or health) has your skin picking caused you? Please circle the most appropriate number.

