

# Body Dysmorphia Worksheet

Name:

Date:

Age:

Gender:

Therapist:

---

## Goals for Today's Session:

## Instructions:

Take a moment to reflect on your current feelings and perceptions about your body. Complete the following worksheet by honestly assessing your thoughts and emotions regarding your body image.

| Questions  | Response |
|--|----------|
| How do you perceive your body when you look in the mirror?   |          |
| What emotions arise when you think about your appearance?    |          |
| Are there specific body parts you focus on more than others? |          |
| How often do you compare your appearance to others?          |          |

|   |  |
|---|--|
| <b>Do you engage in behaviors to camouflage or alter your perceived flaws?</b>                          |  |
| <b>How do you feel when others compliment your appearance?</b>  |  |
| <b>Have your body image concerns affected your daily activities or relationships?</b>                   |  |
| <b>What strategies have you used to cope with negative thoughts about your body?</b>                    |  |
| <b>How do you imagine your life would be different if you were more satisfied with your appearance?</b> |  |
| <b>Are there aspects of your appearance that you feel proud of or confident about?</b>                  |  |
| <b>How would you like to feel about your body in the future?</b>  |  |

**Reflection:**