

# Body Dysmorphia Worksheet

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Therapist: \_\_\_\_\_

## Goals for today's session

1.

2.

3.

## Instructions:

Reflect on your current feelings and perceptions about your body, particularly within the past few weeks. When completing the following questions, do your best to answer thoughtfully and honestly.

**1. How do you perceive your body when you look in the mirror? Try to focus on the general way you see your physical appearance rather than specific things you dislike.**

**2. What emotions arise when you think about your appearance?**

**3. Are there specific body parts you focus on more than others?**

**4. How often do you compare your appearance to others? Is there anything that triggers this comparison?**

**5. Do you engage in behaviors to camouflage, hide or improve your perceived flaws? If yes, please specify**

**6. How do you feel when others compliment your appearance? How do you respond?**

**7. Have your body image concerns affected your daily activities or relationships?**

**8. What strategies have you used to cope with negative thoughts about your body?**

**9. How do you imagine your life would be different if you were more satisfied with your appearance?**

**10. Are there aspects of your appearance that you feel proud of or confident about?**

**11. How would you like to feel about your body in the future?**

**Instructions:**

Using the space below, work with your therapist to reflect on your answers. Consider things that came up that are particularly important to you or causing lots of distress or impairment in your life.

Reflect on the goals you set at the beginning of this activity and how successful you were in achieving them. Why might this be? What barriers are still in place for you?

**Reflection**