

# Body Neutrality Worksheet

## Personal Information

Name:

Age:

Date:

## Instructions

This worksheet is designed to help you appreciate your body for what it is and what it can do, rather than how it looks. Body neutrality focuses on recognizing your body's abilities and qualities without attaching judgment. Take your time to answer the questions and fill in the affirmations below.

## Reflection

Think about the parts of your body that you feel good about or are grateful for.

**What I love about my body:**

Reflect on the ways your body helps you in your daily life, like moving, breathing, or sensing.

**What my body does for me:**

Consider the characteristics that make you different from others and celebrate them.

**What's unique about me:**

List actions you can take to care for your body, such as eating nutritious foods, exercising, or getting enough sleep.

**What I can do to help my body stay strong and healthy:**

Describe the sensations or emotions you experience during physical activities like walking, dancing, or playing sports.

**How I feel when I move my body:**

Think about an aspect of your body you've been critical of and try to offer it forgiveness or understanding.

**One thing I can forgive my body for:**

Come up with a way to treat your body with kindness, such as taking a relaxing bath, wearing comfortable clothes, or giving yourself a compliment.

**How I can show my body kindness today:**

## Body Neutrality Affirmations

Write down affirmations that encourage a neutral and accepting attitude towards your body. You can use these affirmations to remind yourself of your body's value beyond its appearance. Repeat these affirmations to yourself, especially when you need a boost of body positivity.

*Examples of affirmations:*

- *My worth is not defined by my appearance.*
- *I am grateful for the things my body allows me to do.*
- *My body deserves love and care.*

## Healthcare Professional's Notes and Contact Information

Additional notes or reminders from the healthcare professional:

Name:

Signature:

License Number:

Contact Number:

Email:

Healthcare Practice Name: