

Body Dysmorphia Worksheet

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Name: _____ Date: _____ dd / mm / yyyy

Gender:

☐ Male ☐ Female ☐ Other

Age: _____ 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:

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?

Do you engage in behaviors to camouflage or alter your perceived flaws?

How do you feel when others compliment your appearance?

Have your body image concerns affected your daily activities or relationships?

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

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

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

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

Reflection: