Body Neutrality Worksheet

PERSONAL INFORMATION

Name: _____ Age: _____

Date: _____ dd / mm / yyyy

REFLECTION

What I love about my body:

What my body does for me:

What's unique about me:

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

How I feel when I move my body:

One thing I can forgive my body for:

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.

Body neutrality affirmations

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: _____