My Body Image Map

See when the bad body days happen, what your mind says and what you do about it.

Name: _____ **Date:** _____

1 A recent bad body moment

Facts first: where you were, what you saw or heard, who was there

The moment:

How strong was the distress (0 to 10)? 0 1 2 3 4 5 6 7 8 9 10

2 When it tends to show up

Tick the situations that usually set it off

- ☐ Mirrors or shop windows
- ☐ Clothes shopping or getting dressed
- ☐ Comments from others
- ☐ Exercise, sport or swimming
- ☐ Photos or video calls
- ☐ Social media
- ☐ Eating with other people
- ☐ Intimacy or being seen undressed

3 What my mind says

Write the thought word for word, then tick any thinking traps

The exact thought:

- ☐ Comparing with others
- ☐ Mind reading ("they think...")
- ☐ All or nothing ("I look terrible")
- ☐ Zooming in on one part

4 Checking and avoiding

Tick what you do. Both keep attention on the part you dislike.

- ☐ Checking mirrors or my phone camera
- ☐ Weighing often
- ☐ Asking others for reassurance
- ☐ Hiding in baggy clothes
- ☐ Changing outfits again and again
- ☐ Pinching, measuring or touching
- ☐ Comparing my body with others
- ☐ Avoiding mirrors or photos
- ☐ Skipping events, swimming or intimacy
- ☐ Other:

5 What it costs me, and a balanced view

Accurate and kind, not forced positivity

What these thoughts and habits cost me (time, money, events, closeness):

What a fair friend who knows me well would say:

What is true about me that has nothing to do with how I look:

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My Body Image Plan

Widen the view to the whole you, and cut back the habits that keep the bad days going.

Name: _____ **Date:** _____

1 What my body does for me

At least one thing for each. What it does, not how it looks.

My senses let me enjoy: _____

I can move by: _____

For my health, it: _____

It helps me create or make: _____

I look after it by: _____

It lets me connect by: _____

2 Checking or avoiding habits I will change

Small steps, for example weigh once a week, keep one tagged photo

Habit I want to change	My small step this week

3 Comparison triggers and my limits

Change the input: mute, unfollow, follow, limit

Accounts, places or people to mute or limit: _____

Accounts or people that help me feel normal: _____

My limit (for example, no scrolling in bed): _____

4 A kinder, accurate reply

For the harshest thought when it shows up

The harshest thought: _____

My kinder, accurate reply: _____

5 My 4 week check

How many bad body moments, how strong, whether I followed my plan

Week 1	Week 2	Week 3	Week 4
Moments:	Moments:	Moments:	Moments:
Strength:	Strength:	Strength:	Strength:
Followed plan:	Followed plan:	Followed plan:	Followed plan:

Good to know

1. Not a test or a diagnosis. This page is not a published body image questionnaire and gives no score.
2. Go step by step. Cut checking and avoiding gradually. If mirrors are very distressing, do mirror work with a therapist.
3. If body worries take hours a day, or you restrict food, binge, purge or exercise to make up for eating, get specialist help.

In the US: call or text 988 in a crisis. ANAD Helpline: 1-888-375-7767 (Mon to Fri).

I will review this plan on: _____

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