

**WHAT ARE YOU NOTICING IN YOUR
BODY JUST NOW?**

**WHAT DOES YOUR BODY NEED
TO FEEL GOOD TODAY?**

**HOW IS YOUR BODY A PLACE OF
PLEASURE AND JOY?**

**WHERE DO YOU FEEL PAIN
OR TENSION?**

**HAVE YOU BEEN SLUGGISH OR
ACTIVE LATELY?**

HOW WELL DO YOU SLEEP?

HOW EASY IS YOUR BREATHING?

**IF YOUR BODY COULD TALK
WHAT WOULD IT SAY?**

**HOW TIRED OR ENERGETIC
ARE YOU?**

HOW STRONG DO YOU FEEL?

**HOW DO YOU REACT TO UPS
AND DOWNS IN LIFE?**

**HOW DO YOU RELEASE YOUR
NEGATIVE EMOTIONS?**

**HOW OFTEN DOES YOUR
MOOD SWING?**

HOW OFTEN DO YOU SMILE?

**HOW DO YOU FEEL AROUND
OTHER PEOPLE?**

**ARE YOU IN LOVE?
WHAT IS IT LIKE TO BE IN LOVE?**

WHEN ARE EMOTIONS A PROBLEM?

WHAT IGNITES YOUR PASSION?

**WHAT MAKES YOU FEEL
VERY GOOD?**

WHAT CAN FREAK YOU OUT?

HOW WELL ARE YOU EATING?

**DO YOU EAT WHEN YOU ARE NOT
HUNGRY? IF SO - WHY?**

**WHAT DOES ALCOHOL
DO FOR YOU?**

WHAT DOES IT DO AGAINST YOU?

**HOW OFTEN DO YOU REST AND
FEEL RESTED?**

**HOW OFTEN DO YOU FIND YOURSELF
UNDER STRESS?**

**HOW MUCH TIME
DO YOU SPEND IN FRONT
OF THE SCREEN?**

**WHAT CAN YOU ELIMINATE
FROM YOUR LIFE THAT DOES NOT
MAKE YOU FEEL GOOD?**

**WHAT ARE YOUR FAVORITE WAYS
TO MOVE YOUR BODY?**

**WHAT DO YOU NEED TO FEEL
NOURISHED AND STRONG?**

**HOW MUCH TIME DO YOU SPEND
IN NATURE?**

**WHAT DOES YOUR INNER
CRITIC TELL YOU?**

**WHEN YOU LOOK IN THE MIRROR
WHAT IS THE FIRST
THOUGHT YOU HAVE?**

**WHO ARE YOU COMPARING
YOURSELF TO
AND IN WHAT WAY?**

**WHAT HAVE YOU
GAINED OR LOST BECAUSE OF
YOUR BODY IMAGE?**

**WHAT DOES YOUR BODY HELP
YOU TO DO?**

**WHAT HELPS YOU
TO FEEL COMFORTABLE IN
YOUR OWN SKIN?**

**HOW HAS YOUR PERSONALITY
CHANGED BECAUSE OF YOUR SENSE
OF YOUR APPEARANCE?**

**WHAT IS ONE WAY YOU CAN
CELEBRATE YOUR BODY EVERY DAY?**

**HOW MUCH OF YOUR SELF WORTH
DO YOU TIE TO
YOUR APPEARANCE?**

**WHAT NEGATIVE SELF TALK AND
UNFAIR EXPECTATIONS ON YOUR
BODY CAN YOU LET GO OF?**

**WHEN HAVE YOU FELT THE
MOST COMFORTABLE OR SATISFIED
IN YOUR BODY?**

**WHEN HAVE YOU FELT
UNCOMFORTABLE IN YOUR BODY?**

**HAVE YOU EVER
MODIFIED YOUR BODY?**

**WHAT DID YOUR FAMILY TEACH
YOU ABOUT THE BODY?**

**DOES YOUR FAMILY TOUCH
AFFECTIONATELY OR HAVE A LITTLE
TO NO PHYSICAL CONTACT?**

**WHAT TABOOS AROUND BODIES
WERE OR ARE PRESENT
IN YOUR SOCIAL CIRCLES?**



**HOW DO YOU LEARN ABOUT
YOUR BODY?**

**WHAT IS THE MOST SERIOUS
INJURY OR DISEASE
YOU HAVE EVER HAD?**

**WHAT DID YOUR SCHOOL TEACH
YOU ABOUT THE BODY?**

**WHAT IS THE BEST LESSON
THAT YOUR BODY
HAS TAUGHT YOU?**