

- Fill in the questions below using your body, health, weight, height, disease, age, etc.

**Examples:**

*I don't like my body because it's too fat.*

*I don't like my stomach because it's too flabby.*

*I need my body to be young, healthy, and flexible.*

*My face is too wrinkled.*

*My cancer is out of control.*

*I don't ever want to be fat again.*

1. I don't like my body because \_\_\_\_\_

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2. I want my body to \_\_\_\_\_

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3. My body should/shouldn't \_\_\_\_\_

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4. I need my body to \_\_\_\_\_

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5. My body is (make a list): \_\_\_\_\_

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6. I don't ever want my body to \_\_\_\_\_

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