



Calvary Baptist Church
Open to all. Closed to none.

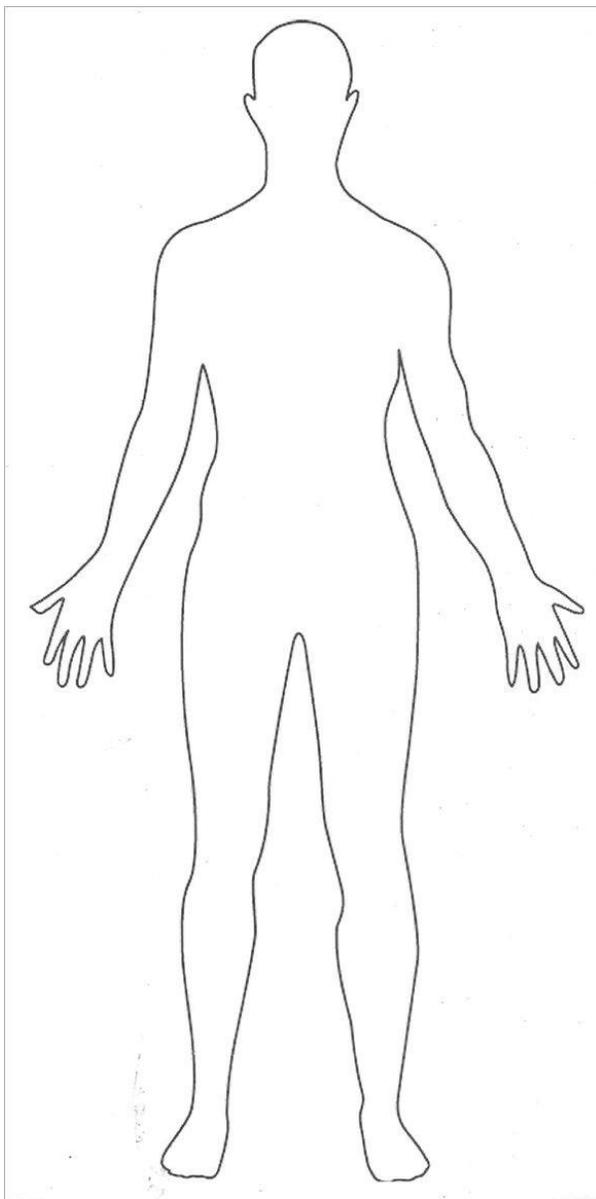
Body Assessment



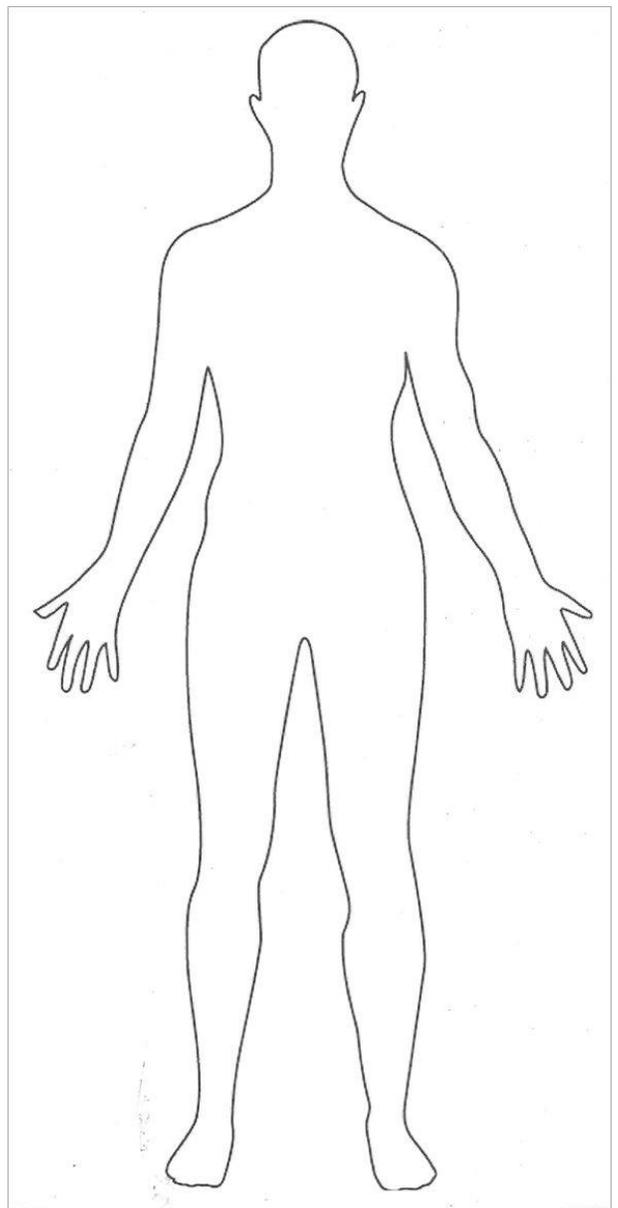
The following questions are an invitation for you to observe your awareness about your body and assess where you experience being well with your body (i.e. how you feel about it) and being well in your body (i.e. your day to day experience within your body).

GENERAL

1. Take a few moments to take a mental scan of your body. What do you notice?



Front



Back

2. How do you identify the insights/signals your body gives you (i.e. signals when you are getting sick, when you feel energy)? How do you experience or respond to the wisdom those signals offer?

3. What is your awareness of how your senses (taste, touch, smell, hear, see) impact you?

4. How often do you notice the sensations in your body? What draws your awareness to them?

5. How does your body respond in spring, summer, fall, and winter?

6. What brings your body pleasure – sexually, intimately, self-care, rest, exercise? Be as specific as possible.

RELATIONSHIP TO BODY

1. What messaging did you receive about your body growing up and as a young adult? What knowledge did you receive?

2. As your body changes and your physical health adjusts, what griefs do you carry about those changes? What celebrations?

3. What fears or anxieties do you have about your physical health? Where do those fears come from (i.e. something your doctor told you, genetic history, something you read, etc.)?

4. When you look at yourself in the mirror, what tends to be the first thing you notice?

5. When you look at yourself in the mirror, what are you saying to yourself?

HEALTHCARE

1. Do you have access to healthcare that provides for your needs?

2. How do you usually determine when to go to a medical professional for care or advice?

3. Do you feel that your health care provider(s) fully hear and understand you when you share with them about your body? If so, what indicates to you that they are understanding you? If not, what would that understanding look like?

4. Are there any addictions or dependencies you have that you wish to change? What would it be like to act on those wishes and begin to make the change?

4. Have you experienced medicinal benefits from certain foods and liquids? Do you have food allergies, restrictions, or recommendations that aid in your body feeling well and how do you feel about those?

MOVEMENT

1. What physical activities help you feel more alive?

2. What are activities your body enjoys? What are activities that leave your body in pain?

3. What is it like for you to move about the world around you? What are dynamics that make that easier or difficult?

4. Are there any physical activities you've always wanted to try but have not yet (for whatever reason)?

SLEEP

1. What are your sleep patterns?

2. How is your quality of sleep? What impedes your quality of sleep and what contributes to it?

3. Do you know how much sleep your body needs? What are the signals your body gives you to let you know you are rested or that you need more sleep?

