All-or-Nothing Thinking Worksheet

Patient Name: _____ **Date:** _____ dd / mm / yyyy

Instructions: This worksheet is designed to help you recognize and address all-or-nothing thinking patterns. By completing this form, you can gain insight into your cognitive processes and work towards fostering more balanced perspectives. Please take your time to fill it out honestly and thoughtfully.

1. IDENTIFICATION

Describe a situation where you recently engaged in all-or-nothing thinking.

What triggered this thought pattern? Be specific.

2. RECORD YOUR THOUGHTS

Write down the all-or-nothing thoughts you had in that situation.

Include any emotions associated with these thoughts.

3. EVALUATE THE IMPACT

Reflect on how these extreme thoughts affected your emotions and behaviors.

Did it lead to stress, anxiety, or other negative consequences?

4. CHALLENGE YOUR THOUGHTS

Examine the validity of these all-or-nothing thoughts. Is there evidence to support a more balanced perspective?

List alternative viewpoints or considerations.

5. REPLACE WITH BALANCED THOUGHTS

Replace your extreme thoughts with more balanced, realistic ones.

Use language that acknowledges the complexity of the situation.

6. ACTION PLAN

Describe how you can apply these balanced thoughts in similar situations.

7. Follow-Up Date: _____ dd / mm / yyyy

Signature:
Healthcare Provider/Therapist: _____