Limiting Beliefs Worksheet

Name: _____ Date: _____ dd / mm / yyyy

Write down one belief that is holding you back:

When did this belief first develop?

What experiences reinforced this belief?

HOW DOES THIS BELIEF AFFECT YOUR...

Daily actions:

Relationships:

Career/goals:

Emotions:

EXAMINING EVIDENCE

What evidence supports this belief?

What evidence challenges this belief?

Transform your limiting belief into an empowering one:

How do you feel about this new belief?

What pieces of evidence support this new belief?

What are 3 small steps to reinforce your new beliefs?

List people/resources that could help:

Reflections: