

# Limiting Beliefs Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**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**