

All-or-Nothing Thinking Worksheet

Patient Name:

Date:

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:

- Plan a date for a follow-up appointment to discuss your progress with your healthcare provider or therapist.

Follow-Up Date:

Signature:

Healthcare Provider/Therapist: