

Limiting Beliefs List

Personal Information

Name

Date

Facilitator/Coach

Instructions:

This list is designed to help you identify and challenge your limiting beliefs. Limiting beliefs are often subconscious thoughts and assumptions that can hold you back from achieving your full potential. Please read each statement and rate how much you believe it applies to you using the following scale:

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Very Much
- 4 - Completely

Limiting Beliefs Assessment

Category	Statement	Rating
Self-Worth and Capabilities	I am not good enough.	
	I don't have the skills or talent to succeed.	
	I don't deserve success or happiness.	
	I am not as capable as others.	
	Others: _____	
Fear-Based Beliefs	I am afraid of failing.	
	If I try something new, I will probably fail.	
	It's safer to stay in my comfort zone.	
	I must avoid risks to avoid failure.	
	Others: _____	
Beliefs About Others	People cannot be trusted.	
	If I open up to others, I will get hurt.	

	Nobody truly cares about my interests or needs.	
	I must please others to be accepted.	
	Others: _____	
Beliefs About Success and Money	Money is the root of all evil.	
	I'll never be financially successful.	
	Successful people are just lucky.	
	Wanting more success and money is selfish.	
	Others: _____	
Beliefs About Relationships	I always attract the wrong kind of partners.	
	Relationships always end in pain.	
	I am not worthy of a loving, stable relationship.	
	Love always leads to disappointment.	
	Others: _____	
Beliefs About Health and Body Image	I will never be in good shape.	
	My body is always a problem.	
	I can't achieve my health goals.	
	I am not attractive enough.	
	Others: _____	
Beliefs About Personal Growth	It's too late to change my life.	
	You can't teach an old dog new tricks.	
	I can't change who I am.	
	Personal development is pointless for me.	
	Others: _____	

Reflection and Action Plan

Most dominant limiting belief

How this belief limits me

Evidence against this belief

New empowering belief

Action steps to overcome this belief

Signature

Participants signature



Date

Facilitator/coach's signature



Date
