

# Saying No Worksheet

Your full name:

Your therapist's full name:

Date submitted:

Please answer the following questions. Be as detailed as you can.

1. What were and are your beliefs regarding saying NO? You can talk about beliefs that you currently have or ones that you used to believe regarding the phrase.

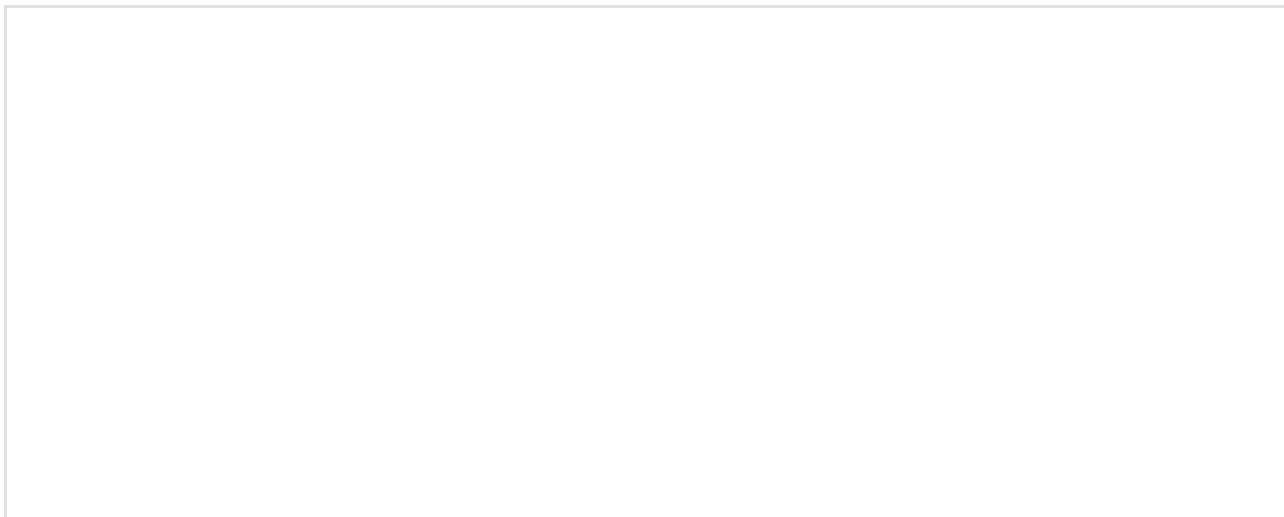
2. Have you ever been reluctant to say NO or were unable to say NO to a person? If so, what made you feel reluctant or unable to say it? Describe the situation. If you said YES to this person, were there any consequences to your decision?

**3. What are your general beliefs and principles? What are things you love about yourself? What are things that make you happy?**

**4. Give an example of a type of request a person might ask of you that runs counter to or violates your beliefs, principles, your sense of self, what makes you happy, your space, and/or your time. How would you say no to that?**

**5. What are your goals in life?**

**6. What can hinder you from achieving your goals? How can you say NO to these things, activities, situations, or people that can hinder you from achieving them?**

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. The box is currently blank.