

Personal & Ministry Accountability

Name: _____

Date: _____

1. How are you doing in the following areas?

	Need Help							Stable	Thoughts
	1	2	3	4	5	6	7	8	9
Your consistency in satisfying personal devotions.									
Your battling against ungodly thoughts (unbelief, bitterness, resentment, lust, pride, jealousy, covetousness, racism, etc.)									
Your energy for the week ahead.									
Your feelings of effectiveness in your ministry role.									
Scripture Memory (memorizing new passages, meditating on passages, etc.)									
Demonstrating the fruit of the Spirit in your relationships? (spouse, family, friends, co-workers, etc.)									

2. Did you take a day off this past week? Yes No
(If no, how do you plan to compensate for it in the near future?)

3. Have I been with a man or woman in the past week in a way that could be viewed as compromising? Yes No

4. Have any of my financial dealings failed to be filled with integrity? Yes No

5. Have I looked at sexually explicit material in the past week (pornography, inappropriate content on Youtube, Facebook, etc.)? Yes No

6. Have I neglected to give appropriate time to my family? Yes No

7. Is there any thing that you would like us to pray with you about or hold you accountable for or rejoice over (significant stresses, things that have become an idol, temptations, or joys)?

8. Assess your eating and exercise this past week:

	Unhealthy							Healthy	
	1	2	3	4	5	6	7	8	9