

PERSONAL ACCOUNTABILITY

Name: _____ Date: _____

1 How are you doing in the following areas?	Weak					Strong	
Your consistency in satisfying personal devotions	1	2	3	4	5		
Your love for Jesus (as measured by obedience)	1	2	3	4	5		
Your felt need for Christ	1	2	3	4	5		
Your battling against ungodly thoughts (unbelief, bitterness, resentment, lust, pride, jealousy, covetousness, racism, etc.)	1	2	3	4	5		
Your setting your mind on things above	1	2	3	4	5		
Your joy and harmony within your home	1	2	3	4	5		
Your joy and harmony with your close friends	1	2	3	4	5		
Your effort in school and work	1	2	3	4	5		
Your eating and exercise over the past week	1	2	3	4	5		
Your anxiety	1	2	3	4	5		
Your honoring of your parents	1	2	3	4	5		
Your satisfaction with the past week	1	2	3	4	5		
Your energy for the week ahead	1	2	3	4	5		
2 Have you been involved in the body of Christ this week?						Yes	No
3 Have you been with a person of the opposite sex in a way that could be viewed as compromising?						Yes	No
4 Have you viewed sexually provocative material?						Yes	No
5 Have you used your money wisely and with integrity?						Yes	No
6 Did you honor a Sabbath rest and keep it holy (set apart)?						Yes	No
7 Have you kept your word to your commitments (including school and Lightbearers)?						Yes	No
8 Have you had enjoyable, meaningful time with friends of the same gender?						Yes	No
9 What was one highlight of the past week? One moment when you felt capable, effective, victorious?							
10 What was one discouragement of the past week? One moment when you felt sinful, discontent, impotent, unwanted, insignificant?							
11 Is there anything that you would like me to pray with you about or hold you accountable for or rejoice over?						Yes	No
12 Is there anything that I should be asking you about that is not mentioned above?						Yes	No

Signature: _____

**This resource was adapted from Bethlehem Baptist Church in Minneapolis, MN and University Baptist Church, Fayetteville, AR.*