

Personal Weekly Assessment Tool

Name: _____ Date: _____

1. How are you doing in the following areas?

	Need Help								Stable
A. Your consistency in satisfying personal devotions.	1	2	3	4	5	6	7	8	9
B. Your battling against ungodly thoughts (unbelief, bitterness, resentment, lust, pride, jealousy, covetousness, racism, etc.)	1	2	3	4	5	6	7	8	9
C. Your energy for the week ahead.	1	2	3	4	5	6	7	8	9
D. Your feelings of effectiveness in your Vocational (job) role.	1	2	3	4	5	6	7	8	9

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

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

4. How is your family joy and harmony?

	Need Help								Stable
	1	2	3	4	5	6	7	8	9

5. Assess your eating and exercise this past week:

	Unhealthy								Healthy
	1	2	3	4	5	6	7	8	9

6. Have I engaged in any thoughts, behaviors or relationships that could be emotionally, physically or spiritually compromising or dangerous? Yes No

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

8. Is there anything that you would like me to pray with you about or hold you accountable related to the above questions or to rejoice over (significant stresses, temptations, or joys)?

Signature: _____