

Personal Accountability Tool*

Name: _____

Date: _____

1. How are you doing in the following areas?	Need Help	Stable
Your consistency in satisfying prayer and personal devotions.	1 2 3 4 5 6 7 8 9	
Your battling against ungodly thoughts (unbelief, bitterness, resentment, lust, pride, jealousy, covetousness, racism, etc.)	1 2 3 4 5 6 7 8 9	
Your energy for the week ahead.	1 2 3 4 5 6 7 8 9	
Your feelings of effectiveness in your God-given role (spouse, parent, leader, work, school, etc.)	1 2 3 4 5 6 7 8 9	
2. Did you work on the Memory Verse early in the week?	Yes	No
3. Did you take a day off this past week? (If no, how to you plan to compensate for it in the near future?)	Yes	No
4. Have I been with a woman in the past week in a way that could be viewed as compromising?	Yes	No
5. Have any of my financial dealings failed to be filled with integrity?	Yes	No
7. Have I viewed sexually explicit material?	Yes	No
8. Have I struggled with second looks at attractive people of the opposite sex?	Yes	No
9. Have I neglected to give appropriate time to my family?	Yes	No
10. How is your family joy and harmony?	Need Help	Stable
	1 2 3 4 5 6 7 8 9	
11. Assess your eating and exercise this past week:	Unhealthy	Healthy
	1 2 3 4 5 6 7 8 9	
12. Is there any thing that you would like me to pray with you about or hold you accountable for or rejoice over (significant stresses, temptations, or joys)?		

* This accountability tool was adapted from the Pastor's accountability form from Desiring God's Resource Library. Online at: http://www.desiringgod.org/media/pdf/pastors_accountability_form.pdf