

Personal Evaluation

Name _____

Month _____

Emotionally, this month I am feeling...	Overwhelmed - Pressured - Calm - Wholeness 1 2 3 4 5 6 7 8 9 10
Spiritually, this month I am feeling...	Dismayed - Discouraged - Confident / Assured 1 2 3 4 5 6 7 8 9 10
My spiritual leadership for our family was...	Low 1 2 3 4 5 6 7 8 9 10 High
The health of our marriage this month was...	Low 1 2 3 4 5 6 7 8 9 10 High
As a father/mother this month I was...	Low 1 2 3 4 5 6 7 8 9 10 High
My ability to say "NO" & live a balanced life w	Low 1 2 3 4 5 6 7 8 9 10 High
My emotional and mental health this month w	Low 1 2 3 4 5 6 7 8 9 10 High
My physical health and rest this month was...	Low 1 2 3 4 5 6 7 8 9 10 High
Did I take a Personal Retreat Day this month?	Yes or No If yes, what did you learn?
My biggest challenges this month were...	
What are you reading?	Scripture? Other Reading?