

EXAMINATION OF CONSCIENCE	THE GOOD DAY CHECKLIST
1. FOLLOW JESUS how well did I live out my vocation?	FOR MY GOD <input type="checkbox"/> _____ <input type="checkbox"/> _____
2. USE OF TIME was I disciplined and measured in the way I used my time?	FOR MYSELF <input type="checkbox"/> _____ <input type="checkbox"/> _____
3. GOD'S WILL how did I (or did I not) work to do God's will today?	FOR MY HUSBAND <input type="checkbox"/> _____ <input type="checkbox"/> _____
4. CHARITY did I love God more than anyone or anything? did I fully love all I met?	FOR MY CHILDREN <input type="checkbox"/> _____ <input type="checkbox"/> _____
5. PRAYER did I take time to pray? when I prayed, was it from my heart? did I give into distractions?	FOR MY HOME <input type="checkbox"/> _____ <input type="checkbox"/> _____
6. FEAR do I have a healthy fear of the Lord? do I allow my fears of what others will think rule me?	FOR MY COMMUNITY <input type="checkbox"/> _____ <input type="checkbox"/> _____
7. FLESH did I eat well, give myself rest and overcome laziness? did I sin sexually or dress immodestly?	
8. TONGUE did I gossip, give poor advice, brag or use profanity? Did I evangelize when given the opportunity?	
9. TRUST am I ruled by anxiety? do I trust God completely?	
10. GRATITUDE did I thank God? do I see my life, and everything in my life, as a gift from God?	