

Weekly Inventory of Healthy Living

Date _____

1. Using your feeling wheel, how are you feeling right now? _____

Behavioral

2. Number of times masturbated _____
Details
3. Any sexual fantasies? YES NO
Details
4. Any contact with pornography? YES NO
Details
5. Did you act out on any other absolute boundaries? YES NO
Details
6. Have you placed yourself in any risky situations (freedom boundaries)? YES NO
Details
7. Did you switch to any other addictions? YES NO
Details

Relational

8. Any arguments with family members? YES NO Did you resolve it? YES NO
Details
9. Were you considerate with your spouse? YES NO
Details
10. Were you available to your children? YES NO
Details
11. Have you spent time with people that you know create problems for you? YES NO
Details
12. Did you use isolation to avoid relational problems this week? YES NO
Details

Physical

13. Are you taking care of yourself by eating well ____, getting adequate rest, ____, and exercising ____ ?
Details
14. Did you do anything recreationally fun or adventurous?
Details

Five Commandments

15. Did you spend time in morning prayer? YES NO
Details
16. Did you spend daily time with God? YES NO
Details
17. Did you make any check-in calls? YES NO
Details
18. Did you attend a weekly meeting? YES NO
Details
19. Did you spend time in evening prayer? YES NO
Details

Spiritual

20. How did you hear from God this week (Prayer, Worship, Bible, other)?