

# DAILY OUTLOOK

ACCOUNTABILITY SERIES

REVISION 4.0

## QUIET TIME

DATE: \_\_\_\_\_

DAY: S M T W Th F S

Worthy Thoughts or Questions:

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## REFLECTION - Yesterday's Activities (this is a personal record only)

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|-------------------------------------------------------------------------------------------|-------|-----------|
| <input type="checkbox"/> Did you review a memory verse? ( <b>Psa 119:11</b> )             | YES   | NO        |
| <input type="checkbox"/> Did you read one chapter in your Bible? ( <b>Psa 119:130</b> )   | YES   | NO        |
| <input type="checkbox"/> Did you study your Discipleship notes? ( <b>2 Tim 2:15</b> )     | YES   | NO        |
| <input type="checkbox"/> Did you pray? ( <b>Psa 55:17</b> )                               | Morn  | Noon Even |
| <input type="checkbox"/> Were you tempted today? ( <b>1 Cor 10:13</b> )                   | YES   | NO        |
| <input type="checkbox"/> Try to identify the type - ( <b>1 John 2:16</b> )                | Flesh | EyePride  |
| <input type="checkbox"/> What scripture helped you overcome? ( <b>Psa 119:9</b> )         | _____ |           |
| <input type="checkbox"/> Could sharing it be helpful? ( <b>Jam 5:16</b> )                 | YES   | NO        |
| <input type="checkbox"/> Did you do one secret act of Christian love? ( <b>Matt 6:1</b> ) | YES   | NO        |
| <input type="checkbox"/> Share a spiritual truth with anyone?                             | YES   | NO        |
| What? _____                                                                               |       |           |
| _____                                                                                     |       |           |
| <input type="checkbox"/> Witness to anyone?                                               | YES   | NO        |
| Who? _____                                                                                |       |           |
| <input type="checkbox"/> Was there an incident that provoked you to a spiritual thought?  | YES   | NO        |
| _____                                                                                     |       |           |
| _____                                                                                     |       |           |