**CT 12 Personal Evaluation**

***Check box if you have done the following:***

* Yes, I have turned in my signed covenant document.
* Yes, I have deleted unused apps from my phone.
* Yes, I have turned off unnecessary notifications from my phone.
* Yes, I have I set my do not disturb function on my phone.
* Yes, I am going to bed by 10:30pm on work nights.
* Yes, I am waking up at 5:45am on work days.
* Yes, I am using the Meeting with God template on Sundays.
* Yes, I am exercising at least 2 times a week.
* Yes, I am fasting from social media other than as needed for work and necessary communication.

***Answer the following questions:***

The book I am currently reading is:

Email checking:

 I have resolved not to check email before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a.m.

I have resolved not to check email after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.m.

My personal threshold for watching TV/playing video games (*on work nights*) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours.

My personal threshold on caffeine is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My personal threshold on alcohol is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My personal threshold with sugar is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_