



ACCOUNTABILITY

Day & Date: _____

My "1 Thing" Today: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

5 Things I Will Accomplish Today:

1. _____
2. _____
3. _____
4. _____
5. _____

5 Things I Am Grateful For:

1. _____
2. _____
3. _____
4. _____
5. _____

Referrals Given:

Hand-Written Notes:

Sales:

Referrals Received:

Appointments:

Appointments Set:

Calls:

E-mails:

AM Affirmations, Goals, Meditation, Journal & Gratitude:

Yes No

Follow-Up/Contact:

Notes:

To-Do/Follow-Up Tomorrow:

3 Great Things That Happened Today:

1. _____
2. _____
3. _____

3 Things I Could Have Done Better/Improve On:

1. _____
2. _____
3. _____

PM 7 Daily Gratitude's:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | |

Workout Score: ____ Did I Learn Today? Yes No
Help Someone? Yes No Family Time? Yes No
Out of My Comfort Zone? Yes No Was I Positive? Yes No
Recognize & Appreciate Today: Yes No Eat Healthy? Yes No
PM Affirmations, Goals, Meditation, Journal & Gratitude: Yes No 2Day's Score: ____