

# Write-on Checklist

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Did I commit any of these sins?	Yes	No
Did I miss Mass on a Sunday or holy day of obligation on purpose?	<input type="checkbox"/>	<input type="checkbox"/>
Apart from drinking water or taking medicine, did I fail to fast for one hour before Communion?	<input type="checkbox"/>	<input type="checkbox"/>
Did I distract others or not pay attention during Mass?	<input type="checkbox"/>	<input type="checkbox"/>
Did I neglect to say my prayers each day?	<input type="checkbox"/>	<input type="checkbox"/>
Did I fight with my siblings or classmates?	<input type="checkbox"/>	<input type="checkbox"/>
Did I disobey my parents or other grown-ups?	<input type="checkbox"/>	<input type="checkbox"/>
Did I use bad language?	<input type="checkbox"/>	<input type="checkbox"/>
Did I fail to do my chores or homework?	<input type="checkbox"/>	<input type="checkbox"/>
Did I watch bad shows, read bad books or magazines, or listen to bad music?	<input type="checkbox"/>	<input type="checkbox"/>
Did I think, talk, and act modestly?	<input type="checkbox"/>	<input type="checkbox"/>
Did I steal, damage, or destroy something?	<input type="checkbox"/>	<input type="checkbox"/>
Did I cheat?	<input type="checkbox"/>	<input type="checkbox"/>
Did I lie, gossip, or tell secrets?	<input type="checkbox"/>	<input type="checkbox"/>
Did I treat anyone unkindly because I was jealous of his family or friends or of the attention he got from teachers or coaches?	<input type="checkbox"/>	<input type="checkbox"/>
Did I wish I had what belongs to another so much that I made myself sad or angry?	<input type="checkbox"/>	<input type="checkbox"/>
Did I share my things with others?	<input type="checkbox"/>	<input type="checkbox"/>
Anything else?	<input type="checkbox"/>	<input type="checkbox"/>