

TIME MANAGEMENT WORKSHEET

Day/Date:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun -- Date: _____	
8 am		Goals Completed:
9 am		<input type="checkbox"/> 1.
10 am		<input type="checkbox"/> 2.
11 am		<input type="checkbox"/> 3.
Noon		<input type="checkbox"/> 4.
1 pm		<input type="checkbox"/> 5.
2 pm		<input type="checkbox"/> 6.
3 pm		<input type="checkbox"/> 7.
4 pm		Road Blocks to Goals:
5 pm		
6 pm		
7 pm		
8 pm		
9 pm		
10 pm		
11 pm		Today's Tasks:
Mid-Nite		<input type="checkbox"/>
1 am		
2 am		<input type="checkbox"/>
3		
4 am		<input type="checkbox"/>
5am		
6am		<input type="checkbox"/>
7am		
Comments:		

Restfulness of Sleep Quality: (RQ) _____

5. Wonderful, fully rested
4. Good, restful enough
3. Okay, somewhat restful
2. Poor, unrestful sleep
1. Terrible, unable to sleep

Pain Scale: (P) _____

5. Severely painful
4. Painful, can't be ignored
3. Uncomfortable, can be ignored
2. Mild
1. None

Sleep Symbols Key: _____

- ↓ = In bed (to sleep)
- △ = Awakened, (D)ream (R)estroom
- ↑ = Up, out of bed
- x = In bed unable to sleep
- M = restlessMind, won't shut off
- h = headache