

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		This Week's Goals:
9 am		1.
10 am		2.
11 am		3.
Noon		4.
1 pm		5.
2 pm		6.
3 pm		7.
4 pm		Today's Tasks:
5 pm		<input type="checkbox"/>
6 pm		
7 pm		<input type="checkbox"/>
8 pm		
9 pm		<input type="checkbox"/>
10 pm		
11 pm		<input type="checkbox"/>
Mid-Nite		
1 am		<input type="checkbox"/>
2 am		
3		<input type="checkbox"/>
4 am		
5am		<input type="checkbox"/>
6am		
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