

TH Date: _____ Awake: _____	FR Date: _____ Awake: _____	SA Date: _____ Awake: _____
<input type="checkbox"/> MOST IMPORTANT THING TO DO	<input type="checkbox"/> MOST IMPORTANT THING TO DO	<input type="checkbox"/> MOST IMPORTANT THING TO DO
<input type="checkbox"/> MOST IMPORTANT THING TO AVOID	<input type="checkbox"/> MOST IMPORTANT THING TO AVOID	<input type="checkbox"/> MOST IMPORTANT THING TO AVOID
Goals - I will	Goals - I will	Goals & Responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility - I have to	Responsibility - I have to	Fun - I would like to
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fun - I would like to	Fun - I would like to	Distractions - I won't
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractions - I won't	Distractions - I won't	Day Rating: _____ / 100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Rating: _____ / 100	Day Rating: _____ / 100	Day Rating: _____ / 100

Review Your Week

• Rate Your Week: _____ / 100 • Productivity: [1 2 3 4 5] • Responsibility: [1 2 3 4 5]
 One Line Journal: How was your day? What prevented an ideal day? What can you do better tomorrow?

MO

TU

WE

TH

FR

SA

SU
