

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

**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  
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TU  
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WE  
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TH  
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FR  
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SA  
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SU  
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