

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

-----

TU

-----

WE

-----

TH

-----

FR

-----

SA

-----

SU

-----