

Recorded Hours for the Week of _____ Name _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Hours in class								
Studying / Projects								
Reviewing notes / Reading textbook								
Sleeping*								
Work								
Volunteering / Community Service								
Commuting (if applicable)								
Preparing / Eating meals								
Working out / Health / Fitness								
Laundry / Cleaning								
Worship / Fellowship								
Family time								
Friends time								
Phone/Email/Texting/Internet for FUN								
Phone/Email/Texting/Internet for SCHOOL / Work								
Internet Games/Video Games/Cell Games								
Watching TV / Movies								
Concerts/Clubs/Events/Shows								
Hobbies								
Other								
Other								
Other								
Other								

*record last night's sleep/average sleep

Total: _____

Notes: _____

