

Name:

Student ID:

Week:

WEEKLY SCHEDULE

	SUN	MON	TUES	WED	THURS	FRI	SAT	
5:00								5:00
5:30								5:30
6:00								6:00
6:30								6:30
7:00								7:00
7:30								7:30
8:00								8:00
8:30								8:30
9:00								9:00
9:30								9:30
10:00								10:00
10:30								10:30
11:00								11:00
11:30								11:30
12:00								12:00
12:30								12:30
1:00								1:00
1:30								1:30
2:00								2:00
2:30								2:30
3:00								3:00
3:30								3:30
4:00								4:00
4:30								4:30
5:00								5:00
5:30								5:30
6:00								6:00
6:30								6:30
7:00								7:00
7:30								7:30
8:00								8:00
8:30								8:30
9:00								9:00
9:30								9:30
10:00								10:00
10:30								10:30
11:00								11:00
11:30								11:30
12:00								12:00

FORM 1A

Name:

Student ID:

Week:

WEEKLY SCHEDULE & INVENTORY

	SUN PLAN	SUN ACTUAL	MON PLAN	MON ACTUAL	TUES PLAN	TUES ACTUAL	WED PLAN	WED ACTUAL	
5:00									5:00
5:30									5:30
6:00									6:00
6:30									6:30
7:00									7:00
7:30									7:30
8:00									8:00
8:30									8:30
9:00									9:00
9:30									9:30
10:00									10:00
10:30									10:30
11:00									11:00
11:30									11:30
12:00									12:00
12:30									12:30
1:00									1:00
1:30									1:30
2:00									2:00
2:30									2:30
3:00									3:00
3:30									3:30
4:00									4:00
4:30									4:30
5:00									5:00
5:30									5:30
6:00									6:00
6:30									6:30
7:00									7:00
7:30									7:30
8:00									8:00
8:30									8:30
9:00									9:00
9:30									9:30
10:00									10:00
10:30									10:30
11:00									11:00
11:30									11:30
12:00									12:00

FORM 1B

Name:

Student ID:

Week:

WEEKLY SCHEDULE & INVENTORY (CONT.)

	THURS PLAN	THURS ACTUAL	FRI PLAN	FRI ACTUAL	SAT PLAN	SAT ACTUAL	
5:00							5:00
5:30							5:30
6:00							6:00
6:30							6:30
7:00							7:00
7:30							7:30
8:00							8:00
8:30							8:30
9:00							9:00
9:30							9:30
10:00							10:00
10:30							10:30
11:00							11:00
11:30							11:30
12:00							12:00
12:30							12:30
1:00							1:00
1:30							1:30
2:00							2:00
2:30							2:30
3:00							3:00
3:30							3:30
4:00							4:00
4:30							4:30
5:00							5:00
5:30							5:30
6:00							6:00
6:30							6:30
7:00							7:00
7:30							7:30
8:00							8:00
8:30							8:30
9:00							9:00
9:30							9:30
10:00							10:00
10:30							10:30
11:00							11:00
11:30							11:30
12:00							12:00

FORM 1B (SIDE 2)

Name:

Student ID:

Week:

MAJOR ACTIVITY AREAS

Indicate how much time each day or week you should allow for each of the following activity areas. (Use half-hour increments.)

Activity Area	Hours/day hours/wk
Sleep	
God	
Quiet Time	
Other commitments	
Personal	
Daily planning and organization	
Midday break	
Dealing with areas of procrastination	
Exercise	
Other commitments	
Family	
Spouse (if married)	
Children	
Dinner (including cleanup)	
Household chores	
Financial planning	
Other commitments	
Job	

FORM 3

Name:

Student ID:

Week:

ANCHOR TIMES		
Indicate the specific times of the day you should plan to do the following activities. (Use half-hour increments.)		
Daily Activities	Time	
Rising time, Monday through Friday		
Going to sleep time Sunday through Thursday		
Bedtime Sunday through Thursday		
Quiet Time Monday through Friday		
Time to begin work		
Time for planning & organizing daily to do list		
Time to leave home to go to work (for homemaker, when everyone who is going to leave has left)		
Time for midday break		
Time for dinner		
Time to arrive at home prior to dinner or time for homemaker to begin dinner		
Time to leave work		
Time to clean up at work		
Other Than or In Addition to Daily Activities	Days	Time
Time with spouse (if married)		
Time with children (if applicable)		
Time for dealing with areas of procrastination		
Time for self-improvement		
Time for household chores		
Time for financial management and planning		
Time for job-related activity		
Time for existing commitments (meetings, etc.)		

FORM 4

Name:

Student ID:

Week:

DIVIDING THE DAY		
SEGMENT OF THE DAY	SPECIFIC TIME	ACTIVITIES FOR THIS SEGMENT
Early morning		
Morning		
Midday Break		
Afternoon		
Dinner		
Evening		

FORM 5

Name:

Student ID:

Week:

EVALUATING TIME USE BY RELATIONSHIP

: To calculate the approximate amount of time during the week that you spend in the following categories, take your last week's Form 1B, complete the first column and put the total in column 2. Finally, fill in the last column, designating only one priority category for each: God (G), Family/Self (F), Job (J) and Ministry (M). Then summarize your time use by relationship category at the bottom of the form.

Time Use Category	Week Total	GFJM
Sleep		F
Prayer, Bible reading and study, Meditation [Quiet Time]		G
Bible study [beyond Quiet Time]		G
Church		G
Planning (including tracking time use)		F
Bathing, Grooming, Dressing		F
Travel (include with the associated activity)		
Work (including homemaking duties, meeting children's needs)		J
School/continuing education		J
Meals (eating, not preparation)		F
Spouse (quality time, one-on-one)		F
Children (quality time, separate or together)		F
Family activities, recreation		F
Time with friends		F
Personal recreation, hobbies, reading, etc.		F
Physical exercise		F
Financial management		F
Television		F
Errands		F
Home Chores		F
Service to others (Ministry)		M
Unaccounted (total subtracted from 168 hours)		
Total	168	

TIME USE SUMMARY

CATEGORY	HR/WK	CATEGORY	HR/WK
God		Job	
Family/Self		Ministry	

FORM 6

Name:

Student ID:

Week:

MEDITATION: LISTENING AND REFLECTING

: Make seven copies of this form so that you will have a new copy each day of this week.

Verse or passage Chosen:

Reflections:

**Insights Gained/
Life Application:**

Name:

Student ID:

Week:

TIME PERCENTAGE GUIDELINE

Enter the number of hours each night that represent the optimum amount of sleep your body requires. Add another hour per night and multiply that result by 7. Enter the amount in the right-hand column. Subtract that result from 168. This produces Net Available Time per Week (NAT). Enter that result in the right-hand column. Enter the appropriate percentages for each of the four categories (GFJM). Enter the NAT in each of the spaces provided, multiply the percentage by the NAT, and enter the results in the right-hand column. The total of these hours should equal the Net Available Time. Note: Where practical, round numbers to the nearest whole number.

Total time per week	168 hours
Time for SLEEP (___ hours + hour buffer per night) (7 days)	hours
Net Available Time/week	hours
GOD (___% of Net Available Time) (___ hours)	hours
FAMILY / SELF (___% of Net Available Time) (___ hours)	hours
JOB (___% of Net Available Time) (___ hours)	hours
MINISTRY (___% of Net Available Time) (___ hours)	hours
TOTAL (100% of Net Available Time) (___ hours)	hours

FORM A-1

Name:

Student ID:

Week:

DAILY TIME SHEET RECAP

Week Beginning _____

Reconstruct your actual time use over the past week. Be as accurate as possible. For each half hour indicate the predominant category of time spent (i.e., SLEEP, GOD, FAMILY/SELF, JOB, MINISTRY). Use each space for each day.

TIME:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00							
5:30							
6:00							
6:30							
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							
6:30							
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							

FORM A-2

Name:

Student ID:

Week:

WEEKLY TIME USE RECAP						
From your Daily Time Sheet Recap, enter the number of hours you spent on each category for each day.						
Week beginning:						
	SLEEP	GOD	FAMILY	JOB	MINISTRY	TOTAL HR/WK
SUNDAY						24
MONDAY						24
TUESDAY						24
WEDNESDAY						24
THURSDAY						24
FRIDAY						24
SATURDAY						24
TOTAL HRS/ CATEGORY						168

Name:

Student ID:

Week:

SCHEDULE ANALYSIS				
TOTAL HOURS PER WEEK = 168. SLEEP = 60 NET AVAILABLE TIME (N.A.T.) PER WEEK = 108				
TIME USE CATEGORY	PRESENT SCHEDULE	GUIDELINE SCHEDULE	DIFFERENCE + OR	NEW WEEKLY SCHEDULE
1. SLEEP				
N.A.T.				
2. GOD				
3. FAMILY/SELF				
4. JOB				
5. MINISTRY				
TOTALS (ITEMS 2 5)			NA	