

# Time Audit Worksheet

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

## Instructions

Track your activities in 30-minute blocks for one full week. Be as specific as possible and honest about how you spend your time. Use the category codes below or create your own.

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## Activity Categories

- **W** - Work/Professional
  - **E** - Exercise/Health
  - **F** - Family/Relationships
  - **P** - Personal Care
  - **H** - Household/Chores
  - **L** - Learning/Development
  - **R** - Recreation/Entertainment
  - **T** - Transportation/Commute
  - **S** - Sleep
  - **M** - Meals
  - **O** - Other
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## Daily Time Log

Monday / \_\_\_\_

Time	Activity Description	Category	Note
6:00 AM			
6:30 AM			
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			

9:00 AM

9:30 AM

10:00 AM

10:30 AM

11:00 AM

11:30 AM

12:00 PM

12:30 PM

1:00 PM

1:30 PM

2:00 PM

2:30 PM

3:00 PM

3:30 PM

4:00 PM

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**Tuesday / \_\_\_\_**

Time	Activity Description	Category	Note
6:00 AM			
6:30 AM			
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
9:30 AM			
10:00 AM			
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### Wednesday / \_\_\_\_

Time	Activity Description	Category	Note
6:00 AM			
6:30 AM			
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
9:30 AM			
10:00 AM			

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9:30 PM

10:00 PM

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11:00 PM

11:30 PM

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**Thursday / \_\_\_\_**

<b>Time</b>	<b>Activity Description</b>	<b>Category</b>	<b>Note</b>
6:00 AM			
6:30 AM			
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
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**Friday / \_\_\_\_**

Time	Activity Description	Category	Note
6:00 AM			
6:30 AM			
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
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11:30 PM

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**Saturday /**\_\_\_\_

Time	Activity Description	Category	Note
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6:00 AM

6:30 AM



7:00 AM

7:30 AM

8:00 AM

8:30 AM

9:00 AM

9:30 AM

10:00 AM

10:30 AM

11:00 AM

11:30 AM

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**Sunday / \_\_**

Time	Activity Description	Category	Note
6:00 AM			
6:30 AM			
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
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## Weekly Summary & Analysis

### Time Totals by Category

Calculate your total hours for each category across the week:

Category	Total Hours	Percentage of Week
Work/Professional (W)	_____	_____%
Exercise/Health (E)	_____	_____%

Family/Relationships (F)	_____	_____%
Personal Care (P)	_____	_____%
Household/Chores (H)	_____	_____%
Learning/Development (L)	_____	_____%
Recreation/Entertainment (R)	_____	_____%
Transportation/Commute (T)	_____	_____%
Sleep (S)	_____	_____%
Meals (M)	_____	_____%
Other (O)	_____	_____%
<b>TOTAL</b>	<b>168</b>	<b>100%</b>

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## Reflection Questions

**1. What surprised you most about how you spend your time?**

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**2. Which activities felt most/least fulfilling or productive?**

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**3. Where did you notice time being "wasted" or used inefficiently?**

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**4. What patterns do you see in your daily/weekly routine?**

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**5. Which category would you like to spend more time on?**

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6. Which category would you like to spend less time on?

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**Action Plan**

Three specific changes I want to make to my time allocation:

- 1. 

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- 2. 

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- 3. 

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Strategies to implement these changes:

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Potential obstacles and how to overcome them:

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**Next Steps**

- ☐ Schedule a follow-up time audit in 4-6 weeks
- ☐ Set up systems/reminders to support my time allocation goals
- ☐ Share my insights with an accountability partner
- ☐ Block time for high-priority activities in my calendar
- ☐ Identify and eliminate or reduce time-wasting activities

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*"Time is what we want most, but what we use worst." - William Penn*

