Life Routine

Description of Activity in the order they are performed	Time of Day	Day of the week	People the function serves and length of time it takes	Category: Family Career Church/ Social	Rate: Very Good Good Just Ok I Have to do Not good at all
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Activity you will Eliminate (by Number)	Date you plan to Eliminate or Modify Activity	