



RESOURCE PACKET: Self-Assessments/Plans for Prioritizing – Cognitive Tasks

Patients who lead busy and complex lives may at times find it helpful to reflect on their current “state of affairs” in time management and come up with a plan in how to proceed. In the same token, medical professionals may as well benefit from periodically taking a step back and reflecting on time organization and prioritization of resources in time.

The following forms were created for clinicians to utilize in personally, with patients, with loved ones, etc. as guides in assessing current trends and coming up with plans for the future in “next steps.” Each option of the resource is also translated into Spanish. References are cited at the conclusion of the listing parts of this resource.

- **RESOURCE: Self-Assessment for Organizing Time/Prioritizing – Patients**
- **RESOURCE: Self-Assessment for Organizing Time/Prioritizing – Family Members/Loved Ones**
- **RESOURCE: Self-Assessment for Organizing Time/Prioritizing – Caregivers/Staff**
- **RESOURCE: Self-Assessment for Organizing Time/Prioritizing – Clinicians/Providers**
- **RESOURCE: Self-Assessment for Organizing Time/Prioritizing**

Clinicians can opt to print each component form individually through setting preferences, as this resource includes all components in totality.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – PATIENTS (page 1)

For work days -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period (if not working, then fill out just one section).

Rehab/Therapy: _____	Social life: _____	Emotional well-being: _____
Employment: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____	Volunteering _____	*= Financial Planning

For days off of work -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

Rehab/Therapy: _____	Social life: _____	Emotional well-being: _____
(other) Employment: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____	Volunteering _____	*= Financial Planning

Now, list three long-term goals, with two short-term goals for each.

Long Term Goal A. _____

Short Term #1(for A): _____

Short Term #2(for A): _____

Long Term Goal B. _____

Short Term #1(for A): _____

Short Term #2(for B): _____



Nice Speech Lady

RESOURCE: Self-Assessment for Organizing Time/Prioritizing – PATIENTS (page 2)

Long Term Goal C. _____

Short Term #1(for C): _____

Short Term #2(for C): _____

Next, check or list barriers to organizing time

- | | | |
|---|---|--|
| <input type="checkbox"/> family commitments | <input type="checkbox"/> lack of support, structure | <input type="checkbox"/> disabilities |
| <input type="checkbox"/> lack of planning ahead | <input type="checkbox"/> need for financial advice | <input type="checkbox"/> addictions |
| <input type="checkbox"/> lack of resources | <input type="checkbox"/> don't sleep well at night | <input type="checkbox"/> limited amount of time |
| <input type="checkbox"/> too much to manage | <input type="checkbox"/> pain | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> have trouble saying "no" | <input type="checkbox"/> too invested in leisure | <input type="checkbox"/> have mental health involvements |
| <input type="checkbox"/> in over my head | <input type="checkbox"/> don't have many friends | <input type="checkbox"/> don't have organizational tools |
| <input type="checkbox"/> lack of time to plan | <input type="checkbox"/> over-committed | <input type="checkbox"/> difficulty with self-image |
| <input type="checkbox"/> family dynamics | <input type="checkbox"/> have trouble asking for help | <input type="checkbox"/> too exhausted/don't have energy |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Indicate possible solutions to above barriers:

- I could seek out family support or from friends in different capacities.
- I could seek out additional structure to assist with family commitments from agencies or people I can hire.
- I could limit my activities to only ones that are centered around my short-term goals.
- I can ask for help. I deserve to find what I need in order to learn what will aide in my improvements.
- I can seek out ways to be more resourceful so I can support myself more effectively.
- I can seek out ways that I have been able to solve problems just like these barriers before (in the past).
- As a patient, I have resources afforded to me that I can obtain.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – PATIENTS (page 3)

- ___ I can make new connections and new friends so I can achieve the support I need in order to be successful.
- ___ I can solutions to my pain from providers and in non-traditional methods, if needed.
- ___ I can seek treatment for my tendency to be busy, and figure out the root cause of it.
- ___ I can set time aside each night before the next day in order to assure that structure for my day is in place.
- ___ I can seek out solutions to family dynamics which get in the way of me achieving my objectives.
- ___ I can read about how others have learned how to tackle their struggles in planning ahead.
- ___ I can talk to a professional to find the right support group for me, and seek out individual treatment.
- ___ I can find a sponsor and do whatever it takes to seek recovery.
- ___ I will talk to my provider about ways to help me have more energy in the day to tackle my roles.
- ___ I will talk to my provider about how I have trouble sleeping and get to the root cause and find solutions.
- ___ I will break down my actions into bite-sized pieces and ask someone how to do this if I need it.
- ___ I will find someone who has the skills I desire and ask them to mentor me. I will observe what they do.
- ___ I will find strategies and treatments for improving my ability to concentrate and attend. I will seek help.
- ___ I will start a quest as to why I have trouble saying “no” and how this impacts me. I will find solutions.
- ___ I realize that distracting myself with leisure doesn’t make my problems go away, and do something about it.
- ___ I will see my provider about my chronic exhaustion.
- ___ I will recognize warning signs to seek help; I will do what I can to prevent myself from emotionally declining.
- ___ I will increase my ability to know when I am at my limit. I will learn to say “no” so I can say “yes.”
- ___ I will seek out an individual who has the qualities that I desire in myself and ask for a mentee relationship.
- ___ I will read, listen and watch material – and do the research to acquire the tools I need to organize myself.
- ___ I will carve out time in advance so that I can get a good return in my time, which is an investment.
- ___ I will consider reducing or eliminating activities that do not help me achieve my short and long-term goals.
- ___ I will seek out positive people who will help me understand who I am and help me like myself to the fullest.
- ___ I will address my functional deficits and disabilities and do what I can to seek effective treatment.
- ___ I will work to realize that being a valuable person isn’t about doing; I am valuable just because I am who I am.
- ___ I will make the commitment to finally put myself first so that I can take care of others, too.



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RESOURCE: Self-Assessment for Organizing Time/Prioritizing – PATIENTS (page 4)

___ I will ask for help, even when it may be a challenge. Asking for help will aid in my achieving my goals.

___ I will seek out advocates to assist me in ways that I have difficulties in this time of recovering.

Other Solutions:

List the goals for time in the future

For work days -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

Rehab/Therapy: _____	Social life: _____	Emotional well-being: _____
(other) Employment: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____	Volunteering _____	*= Financial Planning

For days off of work -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

Rehab/Therapy: _____	Social life: _____	Emotional well-being: _____
(other) Employment: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____	Volunteering _____	*= Financial Planning

Any other factors to consider: _____



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – PATIENTS (page 5)

Finally, look back at the short-term goals, Short Term #1 and #2 for Long-Term Goals A,B and C:

List the tasks for the next week in order to achieve these goals (keep it simple)

Short Term #1(for A) Task for the Week: _____

Short Term #2(for A) Task for the Week: _____

Short Term #1(for B) Task for the Week: _____

Short Term #2(for B) Task for the Week: _____

Short Term #1(for C) Task for the Week: _____

Short Term #2(for C) Task for the Week: _____

Final Thoughts for Planning:

Daily Action Plan:

(Idea: print this blank page to re-use for future weeks for new tasks)



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – FAMILY MEMBERS/LOVED ONES (page 1)

For work days -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period (if not working, then fill out just one section).

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____	Caregiving _____	*= Financial Planning

For days off of work -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____	Caregiving _____	*= Financial Planning

Now, list three long-term goals, with two short-term goals for each.

Long Term Goal A. _____

Short Term #1(for A): _____

Short Term #2(for A): _____

Long Term Goal B. _____

Short Term #1(for A): _____

Short Term #2(for B): _____



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – FAMILY MEMBERS/LOVED ONES (page 2)

Long Term Goal C. _____

Short Term #1(for C): _____

Short Term #2(for C): _____

Next, check or list barriers to organizing time

- | | | |
|---|--|--|
| <input type="checkbox"/> family commitments | <input type="checkbox"/> lack of support | <input type="checkbox"/> workaholic |
| <input type="checkbox"/> lack of planning ahead | <input type="checkbox"/> need for financial advice | <input type="checkbox"/> other addictions exist |
| <input type="checkbox"/> stress gets overwhelming | <input type="checkbox"/> don't sleep well at night | <input type="checkbox"/> need for structure |
| <input type="checkbox"/> too much to manage | <input type="checkbox"/> didn't have it modeled for me | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> have trouble saying "no" | <input type="checkbox"/> too invested in entertainment | <input type="checkbox"/> have mental health involvements |
| <input type="checkbox"/> in over my head | <input type="checkbox"/> don't have a mentor | <input type="checkbox"/> don't have organizational tools |
| <input type="checkbox"/> lack of time to plan | <input type="checkbox"/> over-committed | <input type="checkbox"/> difficulty with self-image |
| <input type="checkbox"/> poor self-esteem | <input type="checkbox"/> have trouble asking for help | <input type="checkbox"/> too exhausted/don't have energy |
| <input type="checkbox"/> juggling too much | _____ | _____ |
| _____ | _____ | _____ |

Indicate possible solutions to above barriers:

- I could seek out family support or from friends in different capacities due to the extent of my commitments.
- I could seek out additional structure to assist with family commitments from agencies or people I can hire.
- I could limit my activities to only ones that are centered around my short-term goals at this time.
- I can ask for help. I deserve to find what I need in order to learn what will aide in what I am trying to achieve.
- I can seek out ways to be more resourceful so I can support myself more effectively.
- I can seek out ways that I have been able to solve problems just like these barriers before (in the past).
- As a patient's loved one, I have resources afforded to me.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – FAMILY MEMBERS/LOVED ONES (page 3)

- ___ I can make new connections and new friends so I can achieve the support I need in order to be successful.
- ___ I can ask someone to help me figure out ways to find more support.
- ___ I can seek treatment for my tendency to be busy, and figure out the root cause of it.
- ___ I can set time aside each night before the next day in order to assure that structure for my day is in place.
- ___ I can ask someone who I trust how they organize their time.
- ___ I can read about how others have learned how to tackle their struggles in planning ahead.
- ___ I can talk to a professional to find the right support group for me, and seek out individual treatment.
- ___ I can find a sponsor and do whatever it takes to seek recovery.
- ___ I will talk to my provider about ways to help me have more energy in the day to tackle my roles.
- ___ I will talk to my provider about how I have trouble sleeping and get to the root cause and find solutions.
- ___ I will break down my actions into bite-sized pieces and ask someone how to do this if I need it.
- ___ I will find someone who has the skills I desire and ask them to mentor me. I will observe what they do.
- ___ I will find strategies and treatments for improving my ability to concentrate and attend. I will seek help.
- ___ I will start a quest as to why I have trouble saying “no” and how this impacts me. I will find solutions.
- ___ I will realize that distracting myself with entertainment doesn’t make my problems go away.
- ___ I will establish a finite amount of time for entertainment each day and stick to it (and turn it off after).
- ___ I will recognize warning signs to seek help; I will do what I can to prevent myself from emotionally declining.
- ___ I will increase my ability to know when I am at my limit. I will learn to say “no” so I can say “yes.”
- ___ I will seek out an individual who has the qualities that I desire in myself and ask for a mentee relationship.
- ___ I will read, listen and watch material – and do the research to acquire the tools I need to organize myself.
- ___ I will carve out time in advance so that I can get a good return in my time, which is an investment.
- ___ I will consider reducing or eliminating activities that do not help me achieve my short and long-term goals.
- ___ I will seek out positive people who will help me understand who I am and help me like myself to the fullest.
- ___ I will do what I can to self-reflect and work on self-improvement so that I can feel proud of who I am.
- ___ I will work to realize that being a valuable person isn’t about doing; I am valuable just because I am who I am.
- ___ I will make the commitment to finally put myself first so that I can take care of others, too.



Nice Speech Lady

RESOURCE: Self-Assessment for Organizing Time/Prioritizing – FAMILY MEMBERS/LOVED ONES (page 4)

___ I will ask for help, even when it may be a challenge. Asking for help will aid in my achieving my goals.

___ I will learn to schedule in time for relaxation, leisure and rest. It rejuvenates me to have this time.

Other Barriers:

List the goals for time in the future

For work days -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

Employment:	_____	Social life:	_____	Emotional well-being:	_____
Volunteering:	_____	Financial*:	_____	Self-improvement:	_____
Spirituality:	_____	Family:	_____	Physical health:	_____
Rest	_____	Entertainment	_____	Other	_____

For days off of work -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

(other) Employment:	_____	Social life:	_____	Emotional well-being:	_____
Volunteering:	_____	Financial*:	_____	Self-improvement:	_____
Spirituality:	_____	Family:	_____	Physical health:	_____
Rest	_____	Entertainment	_____	Other	_____

Any other factors to consider: _____



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – FAMILY MEMBERS/LOVED ONES (page 5)

Finally, look back at the short-term goals, Short Term #1 and #2 for Long-Term Goals A,B and C:

List the tasks for the next week in order to achieve these goals (keep it simple)

Short Term #1(for A) Task for the Week: _____

Short Term #2(for A) Task for the Week: _____

Short Term #1(for B) Task for the Week: _____

Short Term #2(for B) Task for the Week: _____

Short Term #1(for C) Task for the Week: _____

Short Term #2(for C) Task for the Week: _____

Final Thoughts for Planning:

Daily Action Plan:

(Idea: print this blank page to re-use for future weeks for new tasks)



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CAREGIVERS/STAFF (page 1)

For work days -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____		

*= Financial Planning

For days off of work -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

(other) Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____		

*= Financial Planning

Now, list three long-term goals, with two short-term goals for each.

Long Term Goal A. _____

Short Term #1(for A): _____

Short Term #2(for A): _____

Long Term Goal B. _____

Short Term #1(for A): _____



Nice Speech Lady

RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CAREGIVERS/STAFF (page 2)

Short Term #2(for B): _____

Long Term Goal C. _____

Short Term #1(for C): _____

Short Term #2(for C): _____

Next, check or list barriers to organizing time

- | | | |
|---|--|--|
| <input type="checkbox"/> family commitments | <input type="checkbox"/> lack of support | <input type="checkbox"/> workaholic |
| <input type="checkbox"/> lack of planning ahead | <input type="checkbox"/> need for financial advice | <input type="checkbox"/> other addictions exist |
| <input type="checkbox"/> stress gets overwhelming | <input type="checkbox"/> don't sleep well at night | <input type="checkbox"/> need for structure |
| <input type="checkbox"/> too much to manage | <input type="checkbox"/> didn't have it modeled for me | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> have trouble saying "no" | <input type="checkbox"/> too invested in entertainment | <input type="checkbox"/> have mental health involvements |
| <input type="checkbox"/> in over my head | <input type="checkbox"/> don't have a mentor | <input type="checkbox"/> don't have organizational tools |
| <input type="checkbox"/> lack of time to plan | <input type="checkbox"/> over-committed | <input type="checkbox"/> difficulty with self-image |
| <input type="checkbox"/> poor self-esteem | <input type="checkbox"/> have trouble asking for help | <input type="checkbox"/> too exhausted/don't have energy |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Indicate possible solutions to above barriers:

- I could seek out family support or from friends in different capacities.
- I could seek out additional structure to assist with family commitments from agencies or people I can hire.
- I could limit my activities to only ones that are centered around my short-term goals.
- I can ask for help. I deserve to find what I need in order to learn what will aide in my improvements.
- I can seek out ways to be more resourceful so I can support myself more effectively.
- As a caregiver, I have resources afforded to me that I can obtain.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CAREGIVERS/STAFF (page 3)

- ___ I can make new connections and new friends so I can achieve the support I need in order to be successful.
- ___ I can seek out ways that I have been able to solve problems just like these barriers before (in the past).
- ___ I can seek treatment for being so busy and figure out the root cause of it.
- ___ I can set time aside each night before the next day in order to assure that structure for my day is in place.
- ___ I can ask someone who I trust how they organize their time.
- ___ I can read about how others have learned how to tackle their struggles in planning ahead.
- ___ I can talk to a professional to find the right support group for me, and seek out individual treatment.
- ___ I can find a sponsor and do whatever it takes to seek recovery
- ___ I will talk to my provider about ways to help me have more energy in the day to tackle my roles.
- ___ I will talk to my provider about how I have trouble sleeping and get to the root cause and find solutions.
- ___ I will break down my actions into bite-sized pieces and ask someone how to do this if I need it.
- ___ I will find someone who has the skills I desire and ask them to mentor me. I will observe what they do.
- ___ I will find strategies and treatments for improving my ability to concentrate and attend. I will seek help.
- ___ I will start a quest as to why I have trouble saying “no” and how this impacts me. I will find solutions.
- ___ I will realize that distracting myself with entertainment doesn’t make my problems go away.
- ___ I will establish a finite amount of time for entertainment each day and stick to it (and turn it off after).
- ___ I will recognize warning signs to seek help; I will do what I can to prevent myself from emotionally declining.
- ___ I will increase my ability to know when I am at my limit. I will learn to say “no” so I can say “yes.”
- ___ I will seek out an individual who has the qualities that I desire in myself and ask for a mentee relationship.
- ___ I will read, listen and watch material – and do the research to acquire the tools I need to organize myself.
- ___ I will carve out time in advance so that I can get a good return in my time, which is an investment.
- ___ I will consider reducing or eliminating activities that do not help me achieve my short and long-term goals.
- ___ I will seek out positive people who will help me understand who I am and help me like myself to the fullest.
- ___ I will do what I can to self-reflect and work on self-improvement so that I can feel proud of who I am.
- ___ I will work to realize that being a valuable person isn’t about doing; I am valuable just because I am who I am.
- ___ I will make the commitment to finally put myself first so that I can take care of others, too.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CAREGIVERS/STAFF (page 4)

___ I will ask for help, even when it may be a challenge. Asking for help will aid in my achieving my goals.

___ I will learn to schedule in time for relaxation, leisure and rest. It rejuvenates me to have this time.

Other Barriers:

List the goals for time in the future

For work days -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest _____	Entertainment _____	Other _____

For days off of work -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

(other) Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest _____	Entertainment _____	Other _____

Any other factors to consider: _____



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CAREGIVERS/STAFF (page 5)

Finally, look back at the short-term goals, Short Term #1 and #2 for Long-Term Goals A,B and C:

List the tasks for the next week in order to achieve these goals (keep it simple)

Short Term #1(for A) Task for the Week: _____

Short Term #2(for A) Task for the Week: _____

Short Term #1(for B) Task for the Week: _____

Short Term #2(for B) Task for the Week: _____

Short Term #1(for C) Task for the Week: _____

Short Term #2(for C) Task for the Week: _____

Final Thoughts for Planning:

Daily Action Plan:

(Idea: print this blank page to re-use for future weeks for new tasks)



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CLINICIANS/PROVIDERS (page 1)

For work days -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____		

*= Financial Planning

For days off of work -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

(other) Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____		

*= Financial Planning

Now, list three long-term goals, with two short-term goals for each.

Long Term Goal A. _____

Short Term #1(for A): _____

Short Term #2(for A): _____

Long Term Goal B. _____

Short Term #1(for A): _____



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RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CLINICIANS/PROVIDERS (page 2)

Short Term #2(for B): _____

Long Term Goal C. _____

Short Term #1(for C): _____

Short Term #2(for C): _____

Next, check or list barriers to organizing time

- | | | |
|---|--|--|
| <input type="checkbox"/> family commitments | <input type="checkbox"/> lack of support | <input type="checkbox"/> workaholic |
| <input type="checkbox"/> lack of planning ahead | <input type="checkbox"/> need for financial advice | <input type="checkbox"/> other addictions exist |
| <input type="checkbox"/> stress gets overwhelming | <input type="checkbox"/> don't sleep well at night | <input type="checkbox"/> need for structure |
| <input type="checkbox"/> too much to manage | <input type="checkbox"/> didn't have it modeled for me | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> have trouble saying "no" | <input type="checkbox"/> too invested in entertainment | <input type="checkbox"/> have mental health involvements |
| <input type="checkbox"/> in over my head | <input type="checkbox"/> don't have a mentor | <input type="checkbox"/> don't have organizational tools |
| <input type="checkbox"/> lack of time to plan | <input type="checkbox"/> over-committed | <input type="checkbox"/> difficulty with self-image |
| <input type="checkbox"/> poor self-esteem | <input type="checkbox"/> have trouble asking for help | <input type="checkbox"/> too exhausted/don't have energy |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Indicate possible solutions to above barriers:

- I could seek out family support or from friends in different capacities.
- I could seek out additional structure to assist with family commitments from agencies or people I can hire.
- I could limit my activities to only ones that are centered around my short-term goals.
- I can ask for help. I deserve to find what I need in order to learn what will aide in my improvements.
- I can seek out ways to be more resourceful so I can support myself more effectively.
- As a provider, I have resources afforded to me that I can obtain.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CLINICIANS/PROVIDERS (page 3)

- ___ I can make new connections and new friends so I can achieve the support I need in order to be successful.
- ___ I can seek out ways that I have been able to solve problems just like these barriers before (in the past).
- ___ I can seek treatment for being so busy and figure out the root cause of it.
- ___ I can set time aside each night before the next day in order to assure that structure for my day is in place.
- ___ I can ask someone who I trust how they organize their time.
- ___ I can read about how others have learned how to tackle their struggles in planning ahead.
- ___ I can talk to a professional to find the right support group for me, and seek out individual treatment.
- ___ I can find a sponsor and do whatever it takes to seek recovery
- ___ I will talk to my provider about ways to help me have more energy in the day to tackle my roles.
- ___ I will talk to my provider about how I have trouble sleeping and get to the root cause and find solutions.
- ___ I will break down my actions into bite-sized pieces and ask someone how to do this if I need it.
- ___ I will find someone who has the skills I desire and ask them to mentor me. I will observe what they do.
- ___ I will find strategies and treatments for improving my ability to concentrate and attend. I will seek help.
- ___ I will start a quest as to why I have trouble saying “no” and how this impacts me. I will find solutions.
- ___ I will realize that distracting myself with entertainment doesn’t make my problems go away.
- ___ I will establish a finite amount of time for entertainment each day and stick to it (and turn it off after).
- ___ I will recognize warning signs to seek help; I will do what I can to prevent myself from emotionally declining.
- ___ I will increase my ability to know when I am at my limit. I will learn to say “no” so I can say “yes.”
- ___ I will seek out an individual who has the qualities that I desire in myself and ask for a mentee relationship.
- ___ I will read, listen and watch material – and do the research to acquire the tools I need to organize myself.
- ___ I will carve out time in advance so that I can get a good return in my time, which is an investment.
- ___ I will consider reducing or eliminating activities that do not help me achieve my short and long-term goals.
- ___ I will seek out positive people who will help me understand who I am and help me like myself to the fullest.
- ___ I will do what I can to self-reflect and work on self-improvement so that I can feel proud of who I am.
- ___ I will work to realize that being a valuable person isn’t about doing; I am valuable just because I am who I am.
- ___ I will make the commitment to finally put myself first so that I can take care of others, too.



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RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CLINICIANS/PROVIDERS (page 4)

___ I will ask for help, even when it may be a challenge. Asking for help will aid in my achieving my goals.

___ I will learn to schedule in time for relaxation, leisure and rest. It rejuvenates me to have this time.

Other Barriers:

List the goals for time in the future

For work days -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest _____	Entertainment _____	Other _____

For days off of work -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

(other) Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest _____	Entertainment _____	Other _____

Any other factors to consider: _____



RESOURCE: Self-Assessment for Organizing Time/Prioritizing – CLINICIANS/PROVIDERS (page 5)

Finally, look back at the short-term goals, Short Term #1 and #2 for Long-Term Goals A,B and C:

List the tasks for the next week in order to achieve these goals (keep it simple)

Short Term #1(for A) Task for the Week: _____

Short Term #2(for A) Task for the Week: _____

Short Term #1(for B) Task for the Week: _____

Short Term #2(for B) Task for the Week: _____

Short Term #1(for C) Task for the Week: _____

Short Term #2(for C) Task for the Week: _____

Final Thoughts for Planning:

Daily Action Plan:

(Idea: print this blank page to re-use for future weeks for new tasks)



RESOURCE: Self-Assessment for Organizing Time/Prioritizing (page 1)

For work days -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____		

*= Financial Planning

For days off of work -- in all of the below areas, circle the areas that currently involve your time and attention, and list the number of hours, or number of minutes of time spent (on average) in a 24-hour period:

(other) Employment: _____	Social life: _____	Emotional well-being: _____
Volunteering: _____	Financial*: _____	Self-improvement: _____
Spirituality: _____	Family: _____	Physical health: _____
Rest/Lounging _____	Entertainment _____	Sleep _____
Other _____		

*= Financial Planning

Now, list three long-term goals, with two short-term goals for each.

Long Term Goal A. _____

Short Term #1(for A): _____

Short Term #2(for A): _____

Long Term Goal B. _____

Short Term #1(for A): _____



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RESOURCE: Self-Assessment for Organizing Time/Prioritizing (page 2)

Short Term #2(for B): _____

Long Term Goal C. _____

Short Term #1(for C): _____

Short Term #2(for C): _____

Next, check or list barriers to organizing time

- | | | |
|---|--|--|
| <input type="checkbox"/> family commitments | <input type="checkbox"/> lack of support | <input type="checkbox"/> workaholic |
| <input type="checkbox"/> lack of planning ahead | <input type="checkbox"/> need for financial advice | <input type="checkbox"/> other addictions exist |
| <input type="checkbox"/> stress gets overwhelming | <input type="checkbox"/> don't sleep well at night | <input type="checkbox"/> need for structure |
| <input type="checkbox"/> too much to manage | <input type="checkbox"/> didn't have it modeled for me | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> have trouble saying "no" | <input type="checkbox"/> too invested in entertainment | <input type="checkbox"/> have mental health involvements |
| <input type="checkbox"/> in over my head | <input type="checkbox"/> don't have a mentor | <input type="checkbox"/> don't have organizational tools |
| <input type="checkbox"/> lack of time to plan | <input type="checkbox"/> over-committed | <input type="checkbox"/> difficulty with self-image |
| <input type="checkbox"/> poor self-esteem | <input type="checkbox"/> have trouble asking for help | <input type="checkbox"/> too exhausted/don't have energy |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Indicate possible solutions to above barriers:

- I could seek out family support or from friends in different capacities.
- I could seek out additional structure to assist with family commitments from agencies or people I can hire.
- I could limit my activities to only ones that are centered around my short-term goals.
- I can ask for help. I deserve to find what I need in order to learn what will aide in my improvements.
- I can seek out ways to be more resourceful so I can support myself more effectively.
- I have resources afforded to me that I can obtain.



RESOURCE: Self-Assessment for Organizing Time/Prioritizing (page 3)

- ___ I can make new connections and new friends so I can achieve the support I need in order to be successful.
- ___ I can seek out ways that I have been able to solve problems just like these barriers before (in the past).
- ___ I can seek treatment for my tendency to be busy, and figure out the root cause of it.
- ___ I can set time aside each night before the next day in order to assure that structure for my day is in place.
- ___ I can ask someone who I trust how they organize their time.
- ___ I can read about how others have learned how to tackle their struggles in planning ahead.
- ___ I can talk to a professional to find the right support group for me, and seek out individual treatment.
- ___ I can find a sponsor and do whatever it takes to seek recovery.
- ___ I will talk to my provider about ways to help me have more energy in the day to tackle my roles.
- ___ I will talk to my provider about how I have trouble sleeping and get to the root cause and find solutions.
- ___ I will break down my actions into bite-sized pieces and ask someone how to do this if I need it.
- ___ I will find someone who has the skills I desire and ask them to mentor me. I will observe what they do.
- ___ I will find strategies and treatments for improving my ability to concentrate and attend. I will seek help.
- ___ I will start a quest as to why I have trouble saying “no” and how this impacts me. I will find solutions.
- ___ I will realize that distracting myself with entertainment doesn’t make my problems go away.
- ___ I will establish a finite amount of time for entertainment each day and stick to it (and turn it off after).
- ___ I will recognize warning signs to seek help; I will do what I can to prevent myself from emotionally declining.
- ___ I will increase my ability to know when I am at my limit. I will learn to say “no” so I can say “yes.”
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- ___ I will seek out positive people who will help me understand who I am and help me like myself to the fullest.
- ___ I will do what I can to self-reflect and work on self-improvement so that I can feel proud of who I am.
- ___ I will work to realize that being a valuable person isn’t about doing; I am valuable just because I am who I am.
- ___ I will make the commitment to finally put myself first so that I can take care of others, too.



Nice Speech Lady

RESOURCE: Self-Assessment for Organizing Time/Prioritizing (page 4)

___ I will ask for help, even when it may be a challenge. Asking for help will aid in my achieving my goals.

___ I will learn to schedule in time for relaxation, leisure and rest. It rejuvenates me to have this time.

Other Barriers:

List the goals for time in the future

For work days -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

Employment:	_____	Social life:	_____	Emotional well-being:	_____
Volunteering:	_____	Financial*:	_____	Self-improvement:	_____
Spirituality:	_____	Family:	_____	Physical health:	_____
Rest	_____	Entertainment	_____	Other	_____

For days off of work -- in all of the below areas, circle the areas that you desire to involve your time and attention, and list the number of hours, or number of minutes of time you plan to spend in a 24-hour period:

(other) Employment:	_____	Social life:	_____	Emotional well-being:	_____
Volunteering:	_____	Financial*:	_____	Self-improvement:	_____
Spirituality:	_____	Family:	_____	Physical health:	_____
Rest	_____	Entertainment	_____	Other	_____

Any other factors to consider: _____



RESOURCE: Self-Assessment for Organizing Time/Prioritizing (page 5)

Finally, look back at the short-term goals, Short Term #1 and #2 for Long-Term Goals A,B and C:

List the tasks for the next week in order to achieve these goals (keep it simple)

Short Term #1(for A) Task for the Week: _____

Short Term #2(for A) Task for the Week: _____

Short Term #1(for B) Task for the Week: _____

Short Term #2(for B) Task for the Week: _____

Short Term #1(for C) Task for the Week: _____

Short Term #2(for C) Task for the Week: _____

Final Thoughts for Planning:

Daily Action Plan:

(Idea: print this blank page to re-use for future weeks for new tasks)



References

Wood RL, Worthington A. [Neurobehavioral Abnormalities Associated with Executive Dysfunction after Traumatic Brain Injury](#). *Front Behav Neurosci*. 2017;11:195. Published 2017 Oct 26. doi:10.3389/fnbeh.2017.00195

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