



WEEKLY TIME MANAGEMENT & RECOVERY SKILLS TRACKER

Track your time, recognize your strengths, and plan your next steps.

Recovery Partner: _____

Week Starting (Sunday): _____

Instructions

For each day, record the time you spent on each activity. You can use hours and minutes (for example, 1 hr 30 min). Leave activities blank if they did not occur. At the end of the week, add up your time and complete your reflection.

Your week at a glance

Day	Date	One goal for today
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____



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Sunday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____

Monday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____



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Tuesday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____

Wednesday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____



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Thursday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____

Friday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____



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Saturday | Date: _____

Activity	Time (hours / minutes)
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
PTSD Therapy (Sara)	_____



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My Weekly Totals

Add together your time for each activity across all seven days.

Activity	Total hours / minutes
Household Chores	_____
Work	_____
Education	_____
Self-Learning	_____
Self-Care	_____
Music / Art	_____
Naps / Rest	_____
Friends	_____
Hobby	_____
Family	_____
Parenting	_____
Other Activity	_____
CCSS	_____
SUD Group	_____
SUD Individual (Patricia)	_____
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My Weekly Reflection

1. What went well for me this week?

2. What challenges or barriers did I experience?

3. Which activities helped me feel balanced, healthy, or connected?

4. What did I learn about how I spend my time?

5. What is one recovery or life skill I want to practice next week?

6. What support would help me reach my goals next week?

Recovery Partner Signature (optional): _____

Date: _____