



## TIME MANAGEMENT AND ORGANIZATION ASSESSMENT

### PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

1. \_\_\_\_\_ Have you estimated how many hours you need to set aside to engage clients this week?
2. \_\_\_\_\_ Do you tend to complete your work when scheduled and on time?
3. \_\_\_\_\_ Have you estimated how long it takes to prepare for a client call/meeting/follow up?
4. \_\_\_\_\_ Do you begin work at the same time each day?
5. \_\_\_\_\_ Do you make lists of things to do on paper/phone (Yes) or in your head (No)?
6. \_\_\_\_\_ Do you participate in social activities even when you know you should be sleeping?
7. \_\_\_\_\_ Do you schedule time to do recovery/regeneration work (yoga, mobility, meditation, reading, etc.)?
8. \_\_\_\_\_ Are you able to block out distractions, internal and/or external, and stay focused on the work you intend to complete?
9. \_\_\_\_\_ Do you know exactly what tasks you are going to do tomorrow before you go to bed tonight?
10. \_\_\_\_\_ Do you do your most difficult work first each day?

\_\_\_\_\_ /10 = TOTAL

Give yourself one point for each Yes answer to all questions. Total your points.

A low score (6 or less) indicates a need for help with time management and a high score (8 or more) indicates use of effective time management techniques.