

Time Management Self-Assessment and Action Plan

Answer Yes or No to the following questions:

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|--|---|---|
| 1. I feel in control of my time. | Y | N |
| 2. I have goals written down where I can easily refer to them. | Y | N |
| 3. I know what activities give me the most impact. | Y | N |
| 4. I have clear and compelling personal goals. | Y | N |
| 5. I have clear and compelling professional goals. | Y | N |
| 6. I meet my deadlines on a regular basis. | Y | N |
| 7. I am on time for meetings and appointments. | Y | N |
| 8. I know how to prioritize my "to do" list. | Y | N |
| 9. I am able to say "no" easily and without guilt. | Y | N |
| 10. I leave work at work more often than not. | Y | N |
| 11. I have enough time to accomplish what I want personally. | Y | N |
| 12. I take all of my holiday/vacation time. | Y | N |

What are the top three areas you would like to focus on improving from the list above?

1. _____
2. _____
3. _____

Coach yourself to take action:

1. What are you going to do next about managing your time more effectively?
2. By when?
3. Who will be your accountability partner?