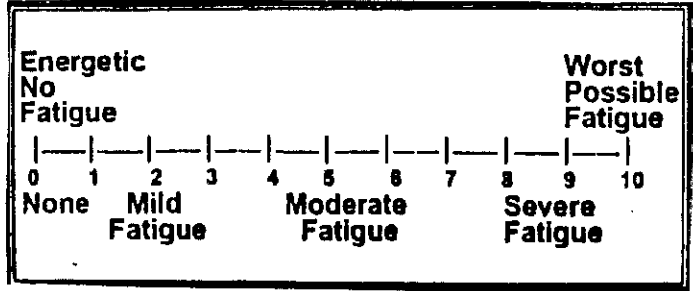


# Fatigue Management Journal

Date - \_\_\_\_\_



Quality and # hours slept previous night - \_\_\_\_\_

Time	Activity	Severity of Fatigue (0-10)
8:AM-Noon		
Noon-5:PM		
5:PM-9:PM		
9:PM on		

**Priorities:**

Things I must do:	Things I'd like to do:	Things that can wait:	Things that can be delegated: