



WRITTEN EXERCISE:

PAGE 1/3

FORMAT:

WRITTEN EXERCISE

# Use of Time<sup>24</sup>

1) Your work	Hours /day	Days /week	Hours /week
a. In total, how many hours per day do you spend working as an activist (paid and unpaid)? Number of days a week that do you this work? ['Work' includes meetings (in or out of office), events, conferences, work chats, replying to official e-mails, workshops, office work, work at home, 'social' work events, consultancies].			
• On average, how many hours per day do you spend on unpaid work (activism)? Number of days per week?			
• On average, how many hours per day do you spend on paid work (activism)? Number of days per week?			
b. On average, how many hours per day do you spend on paid work that is not related to your activism (often your main source of income)? Number of days per week?			
c. On average, how many hours per day do you spend on domestic chores (cleaning, administration, shopping, caring for others, etc.)? Number of days per week?			

2) Your resources	Hours /day	Days /week	Hours /week
a. On average, how many hours per day do you spend on your <b>training</b> (this could include school, classes, library, courses, lectures, workshops, diploma courses, preparing for exams, thesis)? Number of days per week?			
b. <b>Nutrition:</b> on average, how many hours per day do you spend eating? How many times per day on average do you eat? _____ Do you frequently skip any meals in a day? _____ If yes, which meal? _____ Do you substitute meals with 'fast food'? If yes, which meals? _____		7	
c. <b>Exercise:</b> on average, how many hours do you spend doing some form of exercise per day? Number of days per week?			
d. On average, how many hours per day do you spend on <b>personal care</b> (having a massage, applying a mask, having your hair cut, nails done, long relaxing baths, etc.)?			
e. <b>Rest:</b> how many hours per day do you spend on quality rest (sleep or naps)? What time do you usually go to bed? _____ What time do you usually rise? _____		7	



WRITTEN EXERCISE:

PAGE 2/3

FORMAT:

WRITTEN EXERCISE

# Use of Time

2) Your resources	Hours /day	Days /week	Hours /week
f. <b>Personal development/contemplative practices:</b> how many hours per day do you spend on personal development (being with yourself, reflecting, meditating, other contemplative/spiritual practices, attending healing and/or therapy sessions)?			
g. How many hours per day do you spend on your <b>interpersonal relationships:</b> family, partner/lover(s), friends, others? How many days per week?			
h. How many hours per day do you spend on <b>sexual pleasure</b> (alone or in company)? Days per week?			
How many hours per day do you spend on <b>other pleasurable/relaxing/supportive activities?</b> Number of days per week?  What are these activities? List here:			

3) Coping mechanisms	Number /day	Days /week	Amount /week
a. <b>Stimulants:</b> how many cups of coffee do you drink per day? Number of days per week?			
b. <b>Cigarettes:</b> how many cigarettes do you smoke per day? Number of days per week?			
c. <b>Alcohol:</b> how many units of alcohol do you drink per day? (One unit = small glass of wine or half a pint of beer.) Number of days per week?			
d. <b>Other:</b> what other ways do you find yourself coping with stress? (For example, sleeping more than usual, irritability with family and friends, binge/comfort eating.) List here:			



WRITTEN EXERCISE:

PAGE 3/3

FORMAT:

WRITTEN EXERCISE

# *Use of Time*

## 4) Health

a. When was the last time you visited a health care professional/healer?	
b. How many times per year do you have a routine health check up?	
c. Do you feel any pain in your body right now? If yes, where?	
d. If you have pain in your body, what steps do you take to ease that pain?	
e. If you do have health concerns, what are they?	
f. If you do have major health concerns, have you brought them to the attention of a health care professional with whom you feel comfortable?	
g. Any other health comments?	