

# SCHEDULE BOOK

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# Optimization Suggestions

## 日程优化建议

# TO-DO PROJECTS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

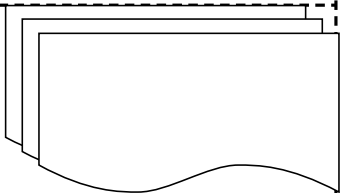
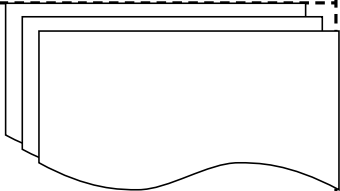
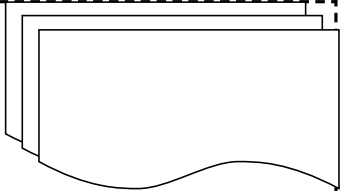
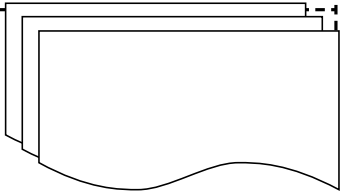
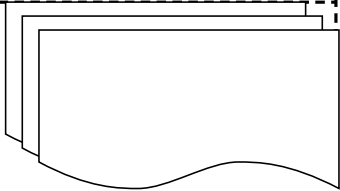
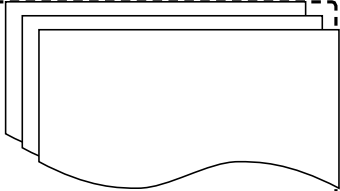
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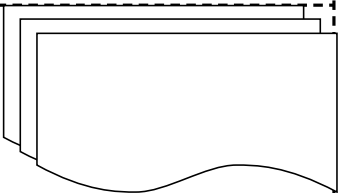
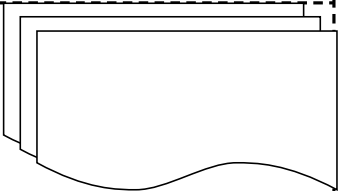
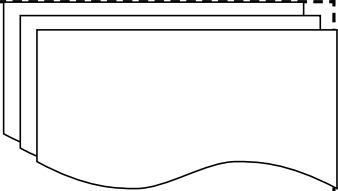
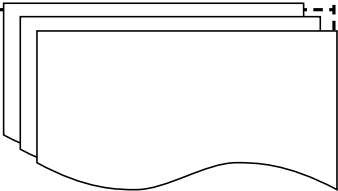
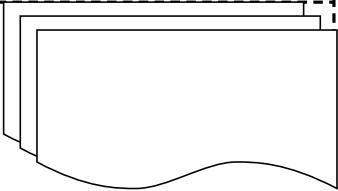
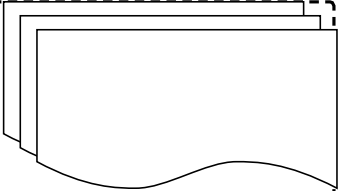
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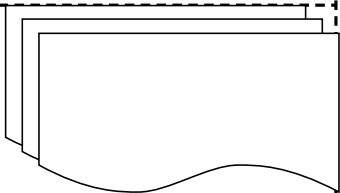
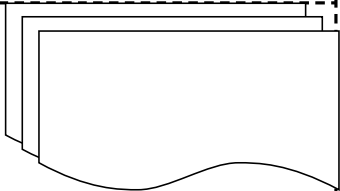
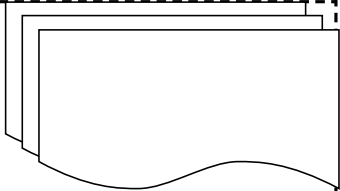
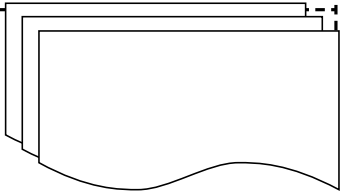
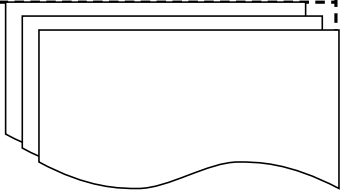
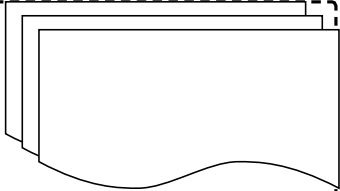
MONTH PLANNED



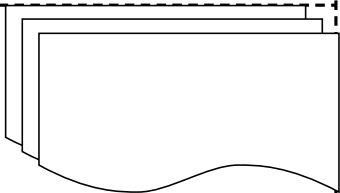
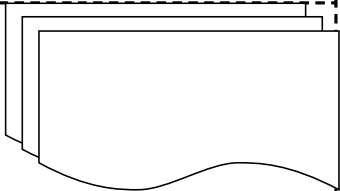
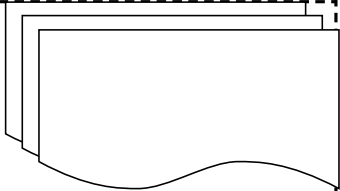
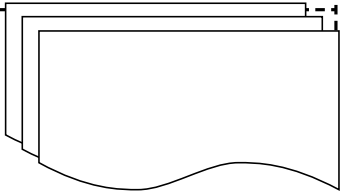
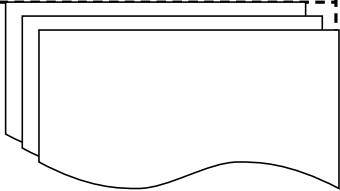
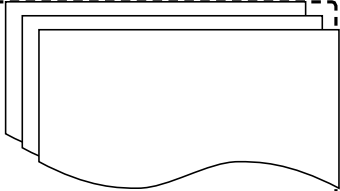
MONTH PLANNED



MONTH PLANNED



MONTH PLANNED





# **MONTHLY LOG**



DALIO'S 5-STEP PROCESS

1. Have clear goals.
2. Identify and don't tolerate the problem that stand in the way of your achieving those goals.
3. Accurately diagnose the problems to get at their root causes.
4. Design plans that will get you around them.
5. Do what's necessary to push these designs through to results.

Noticeable Event  
/ ddl

		Week	
		5	30
			31
			28
			29
			26
			27
		Week 4	24
			25
			22
			23
			20
			21
		Week 3	18
			19
			16
			17
			14
			15
			12
			13
		Week 2	10
			11
			08
			09
			06
			07
		Week 1	04
			05
			02
			03
			01



**WEEKLY  
TRACKING  
SHEET**

1. Have clear goals.
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Noticeable

Events

DALIO'S 5-STEP PROCESS

DAY of WEEK

1

2

3

PROJECT :

	No. ●	No. ●	No. ●
TASK	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

PROJECT :

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

PROJECT :

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

NOTES

								Noticeable Events	
4		5		6		7			

Week No. <div></div>				<input type="checkbox"/>
No. <div></div>	No. <div></div>	No. <div></div>	No. <div></div>	
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MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent ____

Week No. <div></div>				<input type="checkbox"/>
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Week No. <div></div>				<input type="checkbox"/>
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Week No. <div></div>				<input type="checkbox"/>
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Week No. <div></div>				<input type="checkbox"/>
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15%   30%   45%   60%   75%   90%   100%				
MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent ____

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Noticeable

Events

DALIO'S 5-STEP PROCESS

DAY of WEEK

1

2

3

PROJECT :

	No. ●	No. ●	No. ●
TASK	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

PROJECT :

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

NOTES



								Noticeable Events	
4		5		6		7			

Week No. <div></div>				<input type="checkbox"/>
No. <div></div>	No. <div></div>	No. <div></div>	No. <div></div>	
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Week No. <div></div>				<input type="checkbox"/>
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15%   30%   45%   60%   75%   90%   100%				
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Week No. <div></div>				<input type="checkbox"/>
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Week No. <div></div>				<input type="checkbox"/>
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15%   30%   45%   60%   75%   90%   100%				
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Week No. <div></div>				<input type="checkbox"/>
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Week No. <div></div>				<input type="checkbox"/>
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Events

DALIO'S 5-STEP PROCESS

DAY of WEEK

1

2

3

PROJECT :

	No. ●	No. ●	No. ●
TASK	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

PROJECT :

TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

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TASK	No. ●	No. ●	No. ●
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Week No. <span></span>									
No. <span></span>	No. <span></span>	No. <span></span>	No. <span></span>						
15%	30%	45%	60%	75%					
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TASK	No. ●	No. ●	No. ●
	MIN/Day ____	MIN/Day. ____	MIN/Day ____

NOTES

				Noticeable Events
4	5	6	7	

<b>Week No.</b>				<input type="checkbox"/>		
No. ●	No. ●	No. ●	No. ●			
15%	30%	45%	60%	75%	90%	100%
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MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent		_____

<b>Week No.</b>				<input type="checkbox"/>		
No. ●	No. ●	No. ●	No. ●			
15%	30%	45%	60%	75%	90%	100%
MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent		_____

<b>Week No.</b>				<input type="checkbox"/>		
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15%	30%	45%	60%	75%	90%	100%
MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent		_____

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15%	30%	45%	60%	75%	90%	100%
MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent		_____

<b>Week No.</b>				<input type="checkbox"/>		
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15%	30%	45%	60%	75%	90%	100%
MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent		_____

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MIN/Day. ____	MIN/Day ____	MIN/Day. ____	MIN/Day ____	Total Spent		_____

No. ●	No. ●	No. ●	No. ●	<input type="checkbox"/>		
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