



Weekly Activity Planning & Review Form

Couple's Names: _____ . Week of: _____

1. Scheduling

Scheduled Time for Weekly Planning Meeting (Day & Time): _____ Scheduled

Time for Weekly Date (Day & Time): _____

Legend: Checkmark = Completed, Star = Favorite

2. Activity Selections - Theme of the Week _____

Daily TouchPoints		Him	Her	✓	★
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Weekly Activities		Points	✓	★
1				
2				
3				
4				
5				
6				
7				

Undivided Attention Time (5 hours minimum)		Amount	✓	★
1				
2				
3				
4				
5				
6				
7				

Sexual Encounters		Count	✓	★
1				
2				
3				
4				
5				



6				
7				

Reflection & Gratitude Partner 1 Name:

Reflection & Gratitude Partner 2 Name:

3. What I Need from You

Partner 1 Name:
My Need:
Notes from Discussion:

Partner 2 Name:
My Need:
Notes from Discussion:



4. End-of-Week Review & Scoring

Partner 1 (Name: _____)

How well I completed the activities this week: [1] [2] [3] [4] [5]

How well my spouse completed the activities: [1] [2] [3] [4] [5]

How close I feel to my spouse this week: [1] [2] [3] [4] [5]

How full is my love tank this week: [1] [2] [3] [4] [5]

Total: _____

Partner 2 (Name: _____)

How well I completed the activities this week: [1] [2] [3] [4] [5]

How well my spouse completed the activities: [1] [2] [3] [4] [5]

How close I feel to my spouse this week: [1] [2] [3] [4] [5]

How full is my love tank this week: [1] [2] [3] [4] [5]

Total: _____

Couple Weeks Total: _____

5. Reflection on the Week

Partner 1:

What I learned about myself: _____

What I learned about my partner: _____

What worked well: _____

What we can improve: _____

Partner 2:

What I learned about myself: _____

What I learned about my partner: _____

What worked well: _____

What we can improve: _____

Additional Notes:

Signatures:

Partner 1: _____ Date: _____

Partner 2: _____ Date: _____