

A Week *without* Screens



Name: _____

Dates: _____ to _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

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How I feel: _____

How others feel: _____

Comments: _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Date: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

Time: _____

Screens not used: _____

Alternate activity: _____

How I feel: _____

How others feel: _____

Comments: _____

