



Personal Health Series Screen Time

Name: _____

Date: _____

Keeping an Eye on Screen Time

Directions: Fill in the number of hours, to the nearest quarter-hour, you spend with each type of screen during Week 1.

Week 1	Computer*	Mobile Devices*	TV	Video Games	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

*not including use for homework



Name: _____

Date: _____

Keeping an Eye on Screen Time

Directions: Fill in the number of hours, to the nearest quarter-hour, you spend with each type of screen during Week 2. Whenever possible, try to replace time in front of a screen with doing something active, even just drawing or reading a book! In the last column, write the healthier activities you did. Try to exercise, play sports, or do something else active for at least 1 hour a day.

Week 2	Computer*	Mobile Devices*	TV	Video Games	Total Hours	<i>Healthier activities!</i>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

*not including use for homework