Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCREEN TIME TRACKING P1-3 Example**

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **SCREEN TIME**: TV, Gaming,  Surfing the net, iPad, Laptop, Smartphone etc. | **How many times in the last 24 hours at home for entertainment has your child watched: TV and used the laptop, smart phone, iPad, computer** |
| **Monday** |  |  |
| **Wednesday** |  |  |
| **Saturday** |  |  |



**Comment:**

**Are you surprised by the results? Yes or no**

**Do you think the results are a concern? Why or why not?**

**What do you think you should do now?**