ACTION WORKBOOK

Action Workbook

Space to do the work. One page per module, plus a review at the end.

Companion to	The Screen Time Rules
Format	PDF, printable

How to use this workbook

Print it or fill it in on screen. Each module has a prompt, room to write, and a check you can mark off. Answer for your own situation — a generic answer here produces a generic result out there.

Module 1. Understanding the State of Distraction

Map your distraction landscape by filling in the following: Context 1 where I get distracted: _____ What typically pulls me away: _____ Emotional state when this happens (if any): _____ Context 2 where I get distracted: _____ What typically pulls me away: _____ Emotional state when this happens (if any): _____ Context 3 where I get distracted: _____ What typically pulls me away: _____ Emotional state when this happens (if any): _____ My estimated daily screen time before tracking: ____ hours My actual average daily screen time after tracking: ____ hours Biggest surprise from tracking: _____ App or activity that consumed more time than expected: _____ One boundary I will test for one week: _____ One physical change I will make to my workspace: _____ My designated times for checking email/social media: ____, ____, ____ One recurring distraction I need to address: _____ Two ways I can reduce its pull: 1) _____ 2) _____ Two emotional states that make me vulnerable to distraction: 1) _____ 2) _____ Healthier responses I will try: 1) _____ 2) _____ Person I will share my boundaries with: _____ Major distraction source I will remove for one week: _____ Impact I hope to see: _____

Your answer

What you will do differently as a result

Done when: Did I identify at least three specific contexts where I get distracted and write down examples for each?

Module 2. Identifying Your Screen Time Triggers

Complete this trigger mapping worksheet for the next 3 days. Each time you pick up your phone or open a browser without a specific task, fill in: Date and time: _____ Location: _____ What I was doing right before: _____ What I was feeling (be specific - 'stressed about work,' 'bored and restless,' 'lonely after a call ended'): _____ What I did on the screen: _____ How long I spent: _____ Did I accomplish what I intended, or did I get pulled into something else? _____ What was I hoping to feel or avoid by using the screen? _____ After 3 days, review your entries and identify your top 3 triggers: 1. _____ 2. _____ 3. _____ For each trigger, write down one alternative activity you could try next time: Trigger 1 alternative: _____ Trigger 2 alternative: _____ Trigger 3 alternative: _____ Bonus: Identify one environmental change you can make today to reduce one of these triggers (e.g., move your charger, turn off notifications, close your laptop): _____

Your answer

What you will do differently as a result

Done when: Have you reviewed your daily routine and noted what you were doing before each screen session for at least one full day?

Module 3. Creating a Screen Time Budget

Fill in your screen time budget for one weekday: Work screens: _____ to _____ (morning block) and _____ to _____ (afternoon block) Social media: _____ to _____ (first block) and _____ to _____ (second block) Streaming/entertainment: _____ to _____ (if applicable) Communication (texting, messaging): _____ to _____ (first block) and _____ to _____ (second block) Browsing/news: _____ to _____ (if applicable) No recreational screens during: _____ to _____ and _____ to _____ Weekly flex hours remaining: _____ hours Now write one specific action you'll take if you exceed a block by more than 5 minutes: _____ Instruction: Use your device's screen time reports and your inventory to fill in each blank. Be specific with start and end times. For 'no recreational screens' periods, list a replacement activity (e.g., 'cook dinner', 'walk', 'read'). For the action, describe exactly what you'll do if you go over a block (e.g., deduct from flex time, set a stricter reminder, or adjust the next day's schedule).

Your answer

What you will do differently as a result

Done when: You have listed every screen-based activity you use in a typical week, including less obvious ones like online shopping, news, or hobby apps.

Module 4. Implementing a Screen Time Schedule

Fill in your screen time schedule for tomorrow. Be specific about times and activities. Morning screen-free period: ____:____ AM to ____:____ AM First screen block (activity: _____): ____:____ to ____:____ End cue for first block: _____ Buffer zone after first block: ____:____ to ____:____ Physical location for first block: _____ Mid-day screen-free period: ____:____ to ____:____ Second screen block (activity: _____): ____:____ to ____:____ End cue for second block: _____ Buffer zone after second block: ____:____ to ____:____ Physical location for second block: _____ Evening screen-free period: ____:____ PM to ____:____ PM Final screen block (activity: _____): ____:____ PM to ____:____ PM End cue for final block: _____ Buffer zone after final block: ____:____ PM to ____:____ PM Physical location for final block: _____ Total scheduled screen time tomorrow: ____ hours ____ minutes Color-code each activity type (work, social, entertainment, learning): _____ Now identify one enforcement mechanism you'll use: _____ One person you'll tell about this schedule: _____ One visual cue you'll place to remind yourself: _____ One exception rule for when your schedule gets disrupted: _____ What transition activity will you do in each buffer zone? _____ What tweak will you try if you break a block tomorrow? _____ Who will check in with you at the end of the week? _____ Where will you post your schedule so it's visible? _____ What reward will you give yourself after a week of following your schedule? _____ After completing, post your schedule in a visible location (fridge, desk, or nightstand). Set up app limits or blockers to match these times before bed. Tell the person you named about your schedule before tomorrow starts. Place your visual cue where you most often reach for your phone out of habit. At the end of tomorrow, jot down which block was hardest to keep and why. Do a quick check-in each evening and plan one tweak for the next day. At the end of the week, reward yourself for your effort.

Your answer

What you will do differently as a result

Done when: You have tracked your screen time for seven consecutive days and recorded the data, including both weekdays and weekends.

Module 5. Tracking Progress and Adjusting Habits

You've been tracking your screen time for one week. Fill in your data and plan your adjustment: My average daily screen time this week: _____ hours _____ minutes My target was: _____ hours _____ minutes Days I met my target: _____ out of 7 My best day was: _____ (day of week) with _____ hours _____ minutes What I did differently on my best day:

_____

_____ My worst day was: _____ (day of week) with _____ hours _____ minutes What triggered my highest usage that day: _____

_____ One pattern I noticed this week (time of day, situation, or feeling that increases my screen time):

_____

_____ One specific adjustment I will make next week based on this pattern:

_____

_____ My new target for next week: _____ hours _____ minutes One replacement activity I will try when I'm tempted during my highest-risk time: _____

_____

Your answer

What you will do differently as a result

Done when: You have chosen a specific tracking method and logged at least three consecutive days of screen time data, including both numbers and context notes.

Module 6. Avoiding Common Screen Time Traps

Worksheet: Identify Your Screen Time Trap and Plan Your Response Instructions: Think of a recent situation where you spent more time on your device than you intended. Fill in the blanks below to analyze the trap and plan your next steps. 1. Situation (describe briefly): _____ 2. What triggered your screen use? _____ 3. Which trap(s) did you fall into? (circle: scrolling loop / comparison / distraction / boredom / notification / auto-play) 4. How did you feel during and after the session? _____ 5. What alternative activity could you have chosen? _____ 6. What boundary, tool, or notification setting could help you avoid this next time? _____ 7. Who can support you or join you in a screen-free activity? _____ 8. What will you do differently next time? _____

Your answer

What you will do differently as a result

Done when: Have you tracked your screen time and identified your main triggers for overuse?

Module 7. Building a Support Network

Worksheet: Building Your Screen Time Support Network Instructions: Use the blanks below to design your practical support system for your current two-week rule. Focus on specific people, actions, and times. Do not include explanations or justifications. 1. My two-week rule (one sentence): _____ 2. Device: _____ Wrong place: _____ Right place: _____ 3. Person who will move the device (name): _____ Date I will ask them: _____ 4. Exact script I will use: _____ 5. If first person declines, next candidate (name): _____ 6. Parallel-rule partner (name): _____ Their rule (if known): _____ 7. Day four check-in date/time: _____ Day eleven check-in date/time: _____ 8. Person who benefits from this rule (name): _____ How they benefit: _____ 9. If someone asks why I am doing this, my answer: _____

Your answer

What you will do differently as a result

Done when: Did you write your rule in one sentence and place it in a visible shared location?

Module 8. Overcoming Screen Time Cravings

You've been feeling stressed and bored all day, and you find yourself reaching for your phone as soon as you sit down. Fill in your craving response plan: The emotion I'm feeling right now: _____ Physical activity I'll do instead (1-5 minutes): _____ Calming technique I'll use: _____ Alternative engagement if I still feel the urge after 10 minutes: _____ Craving intensity before waiting (1-10): _____ Craving intensity after 10 minutes (1-10): _____ How I felt after waiting 10 minutes: _____ Did the craving intensity decrease? Yes / No What I learned about this particular craving: _____ What I'll do differently next time: _____ List my three highest-risk situations for cravings: 1. _____ 2. _____ 3. _____ For each, write a specific alternative action: 1. When I _____, I'll _____ 2. When I _____, I'll _____ 3. When I _____, I'll _____ Bonus: Identify one physical need you might be neglecting (sleep, food, hydration) and write how you'll address it before your next craving: _____

Your answer

What you will do differently as a result

Done when: Have I paused and labeled the craving when it arises, rather than automatically reaching for my screen?

Module 9. Celebrating Small Wins

List three small wins you've achieved in your screen time journey in the past week: Small Win 1: _____ How it made me feel: _____ What conditions helped me succeed: _____ Small Win 2: _____ How it made me feel: _____ What conditions helped me succeed: _____ Small Win 3: _____ How it made me feel: _____ What conditions helped me succeed: _____ Based on these wins, what is one specific action you will take this week to build on this momentum? Next action: _____ What reward will you give yourself when you complete this action? Reward: _____ What is one condition or strategy from your wins above that you will intentionally recreate this week? Condition/strategy to recreate: _____

Your answer

What you will do differently as a result

Done when: You have a written list of 5-8 specific behaviors that count as small wins for your screen time goals.

Module 10. Addressing Common Obstacles

Use this worksheet to diagnose an obstacle and build your action plan. Write your answers in the blanks provided. Obstacle (specific behavior): _____ When it occurs (days/times from my log): _____ Why #1: _____ Why #2: _____ Why #3 (root cause): _____ Ways this blocks my goals: 1. _____ 2. _____ 3. _____ Emotional impacts (frustration, guilt, etc.): _____ Possible solution A: _____ Possible solution B: _____ Possible solution C (optional): _____ Barriers or resources needed for each: _____ Chosen solution: _____ Action steps: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Resources I need: _____ Who else is involved (if anyone): _____ Start date: _____ Checkpoint date: _____ Tracking method (describe): _____ Daily reminder/alarm set? (yes/no): _____

Your answer

What you will do differently as a result

Done when: Have I described my obstacle using specific, observable behavior rather than vague labels like "lack of discipline"?

Module 11. Maintaining Momentum

You've been working on your screen time goals for several weeks, but you're starting to feel tired, distracted, or less motivated. Fill in the blanks below to plan specific changes to your routine that could help you regain momentum: - My most productive hours (when I feel most alert and focused): _____ - I will break my current screen time goal into these smaller, specific steps: _____ - I will schedule breaks at these specific times: _____ - Self-care activities I will prioritize this week: _____ - One way I will celebrate my next small win: _____ - One sign of burnout I've noticed recently: _____ - One adjustment I'll make to my schedule based on this: _____ - The break activity that helps me recharge best is: _____ - One notification I will disable or mute this week: _____ Use your answers to adjust your schedule for the coming week. Review this worksheet at your next weekly review to see what worked and what you want to change.

Your answer

What you will do differently as a result

Done when: Have you tracked your energy and mood for at least one full week to identify your personal productivity peaks?

Module 12. Reviewing and Refining Progress

Pull up your tracking data from the past three weeks and complete this worksheet: This week's average screen time: _____ hours/day Last week's average: _____ hours/day Two weeks ago average: _____ hours/day My current target: _____ hours/day Am I trending down, flat, or up? _____ Three lowest screen time days this week: _____, _____, _____ What did these days have in common: _____ Three highest screen time days this week: _____, _____, _____ What trigger showed up on these days: _____ Replacement activity totals this week: Reading: _____ min/day | Last week: _____ min/day Exercise: _____ min/day | Last week: _____ min/day Socializing: _____ min/day | Last week: _____ min/day Other: _____ min/day | Last week: _____ min/day If you reduced screen time but didn't increase replacement activities, where did that time go? _____ One surprise in my data this week: _____ What need was I trying to meet with screens during my highest usage time? _____ One behavior I'll test this coming week: _____ One win from this past week: _____ My key insight for the week: _____ Do I need to adjust my target up or down? _____ New target: _____ hours/day Monthly check: Looking back at my last four weekly insights, what patterns or triggers keep coming up? _____ What will I focus on for the next month? _____

Your answer

What you will do differently as a result

Done when: Did you complete a review session this week using your actual tracking data (not just your memory)?

Module 13. Embracing a Growth Mindset

Imagine you're standing at the edge of a cliff, afraid to step forward but knowing you must to make progress. Use the prompts below to reframe your fear and plan a small action: What I'm afraid will happen if I fail at managing my screen time: _____ The fixed mindset belief behind this fear: _____ How I can reframe this fear as a growth opportunity: _____ One small step I can take today despite this fear: _____ What I'll learn from taking this step, regardless of the outcome: _____ A supportive phrase I'll use if I slip up: _____ Instructions: Fill in each blank thoughtfully. Keep your answers somewhere visible this week as a reminder to act with a growth mindset. Review your answers at the end of the week and note any changes in your thinking or approach.

Your answer

What you will do differently as a result

Done when: Have I written down three fixed mindset statements and reframed them with growth mindset alternatives?

Module 14. Building Resilience

Worksheet: Build Your Bounce-Back Protocol 1. After a screen time setback, I will review my journal and identify this specific factor: _____ 2. The one small action I will take the next day is: _____ 3. The past win I will remind myself of is: _____ 4. When I feel discouraged, I will contact this person for encouragement: _____ 5. The non-screen activity most likely to improve my mood is: _____ 6. One kind thing I will say to myself after a setback: _____ 7. I will keep this protocol visible by: _____ 8. (Optional) A resource I want to add to my resilience toolkit this month: _____ 9. My scheduled date for the next resilience check-in is: _____ 10. I have rehearsed using my toolkit by: _____ Instruction: Fill in each blank with specific, actionable details. Transfer your completed protocol to a card or note you can access quickly when you need it. After your next setback, use your protocol and note what helped most. Adjust your plan based on real experience, and set reminders for regular check-ins and toolkit updates.

Your answer

What you will do differently as a result

Done when: Have I written down the circumstances of my last screen time lapse using only factual, non-judgmental language?

Module 15. Creating a Maintenance Plan

Fill out the worksheet below to build your maintenance plan. Be as specific as possible. Primary screen time goal (specific, measurable, time-bound): _____ Top 3 triggers/challenges (situations, moods, or environments): 1. _____ 2. _____ 3. _____ Actions to address each challenge (at least 2 per trigger): 1. _____ 2. _____ 3. _____ Daily maintenance tasks: _____ Weekly maintenance tasks: _____ Tracking method (calendar, app, planner, etc.): _____ Weekly check-in day/time: _____ Progress log location (journal, app, notes, etc.): _____ Relapse protocol (3 steps): 1. _____ 2. _____ 3. _____ Accountability partner: _____ First accountability check-in date: _____ Motivational reminder (note, image, message): _____ Next plan review date: _____ Instruction: Use this worksheet to create a detailed, actionable maintenance plan. Fill in each blank with details that fit your real schedule and needs. Keep this worksheet somewhere visible and update it as your plan evolves - whenever you discover new triggers, adjust your tasks, or refine your strategies based on what works.

Your answer

What you will do differently as a result

Done when: Have you written down at least one specific, measurable, and time-bound screen time goal for the next three to six months?

Module 16. Sustaining Progress and Achieving Goals

Maintenance Check Worksheet Date of this check: _____ Days since I started tracking: _____ Rule that held without effort (kept this): _____ Rule that broke 3+ times for the same reason: _____ New version of that rule (easier to follow): _____ Outcome 1 I achieved in the last 30 days: _____ Which rule made Outcome 1 possible: _____ Outcome 2 I achieved in the last 30 days: _____ Which rule made Outcome 2 possible: _____ Outcome 3 I achieved in the last 30 days: _____ Which rule made Outcome 3 possible: _____ Environment change since last check (new phone, job, living situation, etc.): _____ Which rule(s) did that change break: _____ Rule interference I noticed (two rules conflicting): _____ How I adjusted boundaries to fix the interference: _____ Goal I no longer want to pursue: _____ Hours I am redirecting from that goal: _____ New goal or use for those hours: _____ Date of my next maintenance check: _____ Complete this worksheet at your fourteen-day check, sixty-day check, and every quarterly review. Keep all completed worksheets in one place so you can see patterns over time.

Your answer

What you will do differently as a result

Done when: I have scheduled my first maintenance check for fourteen days after finishing my tracker, with a five-minute time block and a note about what to do.

Final review

Look back over every page before you call this finished.

Which module produced the most useful answer, and why?

Which one did you rush, and what would you redo?

What is the single next action you will take, and when?