

Appendix I: Screen Smart Tracking Sheet

Name _____

Fill in the table below with your 30 minute physical activity choices.

DAY	SCREEN TIME TRADE-IN	ACTIVITY TO REPLACE SCREEN TIME	GOAL MET?	PARENT/ CAREGIVER INITIAL	NUMBER OF STEPS (OPTIONAL)
<i>Example: Saturday</i>	<i>30 min. TV Show</i>	<i>Walk with the family</i>	<i>yes</i>	<i>RF</i>	
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					