# Pre-Reset Screen Audit

*Fill this in before you start the 14-day plan.*

*Be honest. You are not being judged. You are gathering information so the reset can be tailored to your household.*

## Current Screen Use

**Estimated daily screen time for child:**

_____

**Most-used device:** _____

**Second most-used device:**

_____

**Most-used app or platform:**

_____

**Typical first screen use of the day:**

_____

**Typical last screen use of the day:**

_____

## The Problem Moments

**Hardest time of day to manage screens:**

_____

**Most common trigger for screen use:**

_____

**How does your child react when screens are switched off:**

_____

**Your Own Screen Use**

**Estimated daily screen time (honest answer):**

_____

**When do you most reach for your phone:**

_____

**One screen habit you will change:**

_____

**What Has Been Tried Before**

**Have you tried reducing screen time before? When?:**

_____

**What happened?:** _____

**Your Starting Goal**

**By the end of 14 days, I want:**

_____

**The one rule I am most committed to holding:**

_____