# 7 DAY



The Sound of Health COACHING /

# 7 DAY



## DAY 0

#### **AWARENESS AND ASSESSMENT**

- TRACK YOUR PHONE USAGE USING AN APP OR BUILT-IN SCREEN TIME FEATURES.
- NOTE WHICH APPS YOU SPEND THE MOST TIME ON.

IPhone: Settings - Screen Time - See all app activity

## DAY 2

#### **CREATE NO-PHONE AREAS:**

- DESIGNATE CERTAIN AREAS (LIKE YOUR BEDROOM) AS PHONE-FREE ZONES.
- KEEP YOUR PHONE OUT OF REACH DURING MEALS OR FAMILY TIME

## DAY 4

# SCHEDULE TIME AWAY FROM SCREENS THROUGHOUT THE DAY:

- SET MIN. 1H WHEN YOU'LL BE COMPLETELY OFFLINE.
- USE THIS TIME FOR ACTIVITIES LIKE READING, EXERCISING, OR SPENDING TIME WITH LOVED ONES.

## DAY 6

# ADJUST YOUR PHONE SETTINGS TO LIMIT CERTAIN APPS:

 USE APP TIMERS OR NOTIFICATIONS TO LIMIT YOUR TIME ON SOCIAL MEDIA, GAMES, OR OTHER DISTRACTING APPS.

## DAY 1

#### TAKE PERIODIC BREAKS FROM TECHNOLOGY:

• EVERY HOUR, TAKE A 5-10 MINUTE BREAK FROM SCREENS. LOOK AWAY FROM YOUR PHONE, STRETCH, OR GO FOR A SHORT WALK.

## DAY 3

#### TURN OFF YOUR PHONE AT A SPECIFIC TIME:

- CHOOSE A TIME IN THE EVENING (E.G., 9 PM) TO TURN OFF YOUR PHONE COMPLETELY.
- AVOID USING IT UNTIL THE NEXT MORNING.

## DAY 5

#### **PUT YOUR PHONE IN AIRPLANE MODE:**

• PUT YOUR PHONE IN AIRPLANE MODE FOR UNINTERRUPTED 3H DURING THE DAY.

## DAY 7

#### **DIGITAL DECLUTTER & REFLECT:**

- DELETE UNUSED APPS.
- ORGANIZE YOUR HOME SCREEN FOR ESSENTIAL APPS ONLY.
- REVIEW YOUR PROGRESS.
- SET GOALS FOR BALANCED PHONE USE.



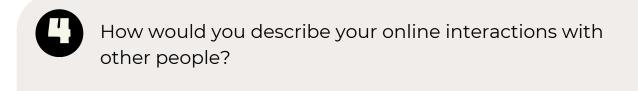
# **SELF-AWARENESS**

Fill out this worksheet to evaluate your social media use and its affects.

Which social media platforms do you use most?

What are things you enjoy or find positive about social media?

3 Are there aspects that affect you in a negative way?



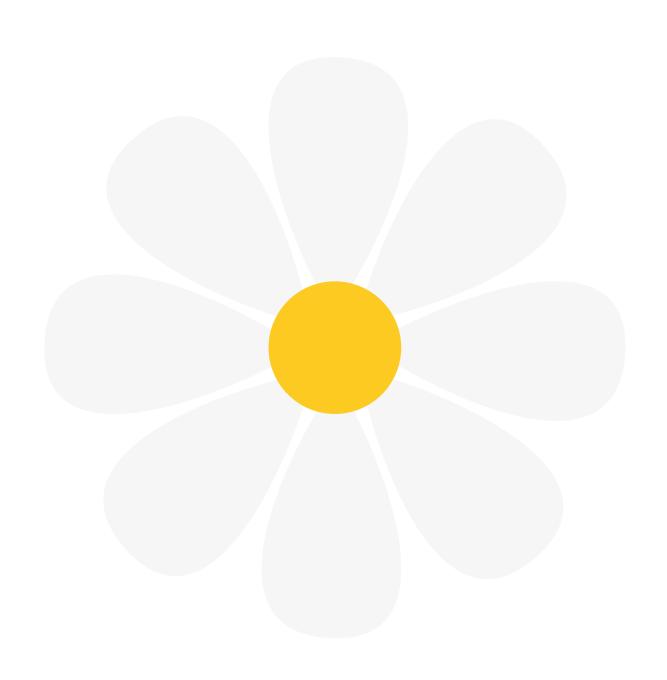
Do you think you present yourself authentically online?

Describe how social media affects your behavior.

Are there any changes you would like to make in your use of social media?

Self Talk

How you talk to yourself is important. We are going to focus on positive self talk. On each petal, write something you like about yourself or something you are good at.



Day 7

## **STAR RATING**

How successful was I in achieving my desired result?

## **FEELING**

How do I feel about my results?











## **PLUS**

What were my strengths? In which areas was I most successful?

## **MINUS**

What were my weaknesses? In which areas was I least successful?

## **IMPROVE**

What are some specific strategies or activities I can undertake to improve particular skills for next time?