

ACTIVITY 1

		Morning		Afternoon		Evening	
My daily routine (list activities like work, driving, childcare, cooking, etc.):							
Select type(s) of media from below:		Name of source, program, platform or topic?	Time spent	Name of source, program, platform or topic?	Time spent	Name of source program, platform or topic?	Time spent
Print 	newspaper						
	magazines						
	books						
	billboards						
	other						
TV 	local news						
	broadcast news						
	cable news						
	entertainment						
	sports						
	other						
	other						
Radio 	news/talk						
	music						
	other						
Web/ Mobile 	news sites						
	social media						
	texting/messaging						
	email						
	collaboration platform (e.g. Slack)						
	podcasts						
	other						
	social interactions (talking with friends, neighbors, family, others)						