

MAY CHALLENGE: WIRE LESS 30-DAY CHALLENGE

Track your daily one hour off electronics and reflect on what you notice

Day	✓ Completed	How did you spend your hour? / What did you notice?
1	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	_____
10	<input type="checkbox"/>	_____
11	<input type="checkbox"/>	_____
12	<input type="checkbox"/>	_____
13	<input type="checkbox"/>	_____
14	<input type="checkbox"/>	_____
15	<input type="checkbox"/>	_____
16	<input type="checkbox"/>	_____
17	<input type="checkbox"/>	_____
18	<input type="checkbox"/>	_____
19	<input type="checkbox"/>	_____
20	<input type="checkbox"/>	_____
21	<input type="checkbox"/>	_____
22	<input type="checkbox"/>	_____
23	<input type="checkbox"/>	_____
24	<input type="checkbox"/>	_____
25	<input type="checkbox"/>	_____
26	<input type="checkbox"/>	_____
27	<input type="checkbox"/>	_____
28	<input type="checkbox"/>	_____
29	<input type="checkbox"/>	_____
30	<input type="checkbox"/>	_____

END-OF-CHALLENGE REFLECTION

What did you notice about your time, attention, or well-being over these 30 days?

Submit a Copy of this Tracking form in WellRight (Wire Less Challenge) or email it to wellness@atlanticpkg.com and receive ONE Wellness Raffle Ticket.

