

And now, if you dare, it's time to *Face the Dark Energy* and stare down the *Warning Signs of Treacherous Screen Time*.

**Instructions:** Read each Warning Sign. (Please.) If you've experienced or engaged in it to the extent that it is a concern for you, place a checkmark in the "Yes" category. If it's not a concern, check "No." To keep the list as short as possible, I've grouped some items on the same line. For example, under "Physical Warning Signs," I list "Dry eyes, blurred vision, or eye strain." If none apply, check "No." If any of them apply, even if it's just one, check "Yes." You'll know which warning sign you had in mind.

Are you ready? Then venture forth, O *Destroyer of Deadly Denial Daggers*. You can also download this challenge at [freespirit.com/dragons](http://freespirit.com/dragons).

### CHALLENGE 9: AM I AT RISK?

My Warning Signs	Is This a Concern for You?
<b>PHYSICAL – Chapter 4: Protect Your Body</b>	
Disrupted sleep. Tired. Low energy. Fall asleep during the day.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Painful, stiff, or achy neck, shoulders, or back. Sore fingers, thumbs, or wrists.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Dry eyes, blurred vision, or eye strain.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hunched shoulders. Poor posture.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Poor nutrition and eating habits. Skipped meals. Excessive weight gain or loss.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Headaches.	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>COGNITIVE – Chapter 5: Protect Your Brain</b>	
Forgetful. Memory problems.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Disorganized.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Trouble paying attention or concentrating.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Unmotivated.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Easily distracted.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Difficulty finishing tasks.	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>SOCIAL – Chapter 6: Protect Your Relationships</b>	
Uncomfortable in real-life social situations.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Withdrawal from offline social activities and relationships.	No <input type="checkbox"/> Yes <input type="checkbox"/>

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