Personal Technology Assessment

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| **Item: Smartphone** |
| **How does this technology help me achieve my goals? (Advantages)** |
| **How does this technology hinder my goals? (Disadvantages)** |
| **Do the benefits outweigh the downsides right now for me?** |
| **How should I mitigate the risks of this technology? Should I consider a fast or gouging out an eye?** |

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