



Sleep & Digital Device Check Sheet



() Yr () Class () No. ()

Fill in your sleeping habits and the amount of time you spent watching the screen of a digital device for 1 whole week.

e.g. Date 8/10(Fri) Record Fill in the nap Record Fill in the sleeping

		Sleeping time	Waking up time	Screen time of digital devices	Digital device used just before sleeping
	15 16 17 18 19 20 21 22 23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	21:30	6:30	3:00	<input type="radio"/>

Evening start

Fill in the time spent looking at the screen of a digital device in red.

If it is for less than 1 hour before sleeping put ◎
 If it is for less than 30 mins before sleeping put ○ If you didn't record it put △

Date	Record	Sleeping time	Waking up time	Screen time of digital devices	Digital device used just before sleeping
/ () [Day 1]		Hr min	Hr min	Hours minutes	
/ () [Day 2]		Hr min	Hr min	Hours minutes	
/ () [Day 3]		Hr min	Hr min	Hours minutes	
/ () [Day 4]		Hr min	Hr min	Hours minutes	
/ () [Day 5]		Hr min	Hr min	Hours minutes	
/ () [Day 6]		Hr min	Hr min	Hours minutes	
/ () [Day 7]		Hr min	Hr min	Hours minutes	

Points you noticed

My sleep habits

Let's write down any of the A-E sleep habits.

Comments from family members