

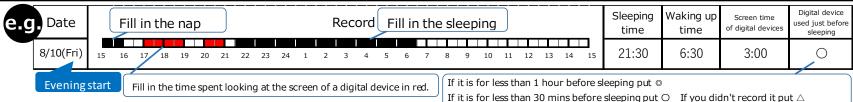
## Sleep & Digital Device Check Sheet

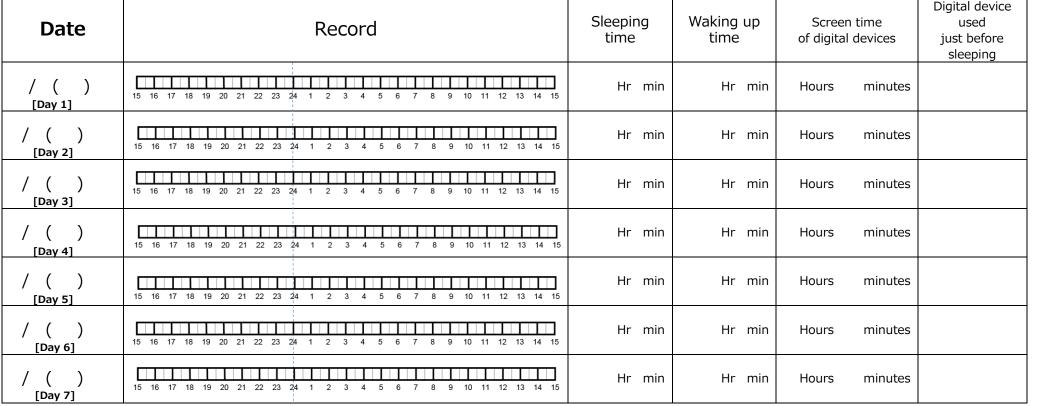




) Yr ( ) Class ( ) No. (

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





Points you noticed 🔚

My sleep habits

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

Comments from family members

