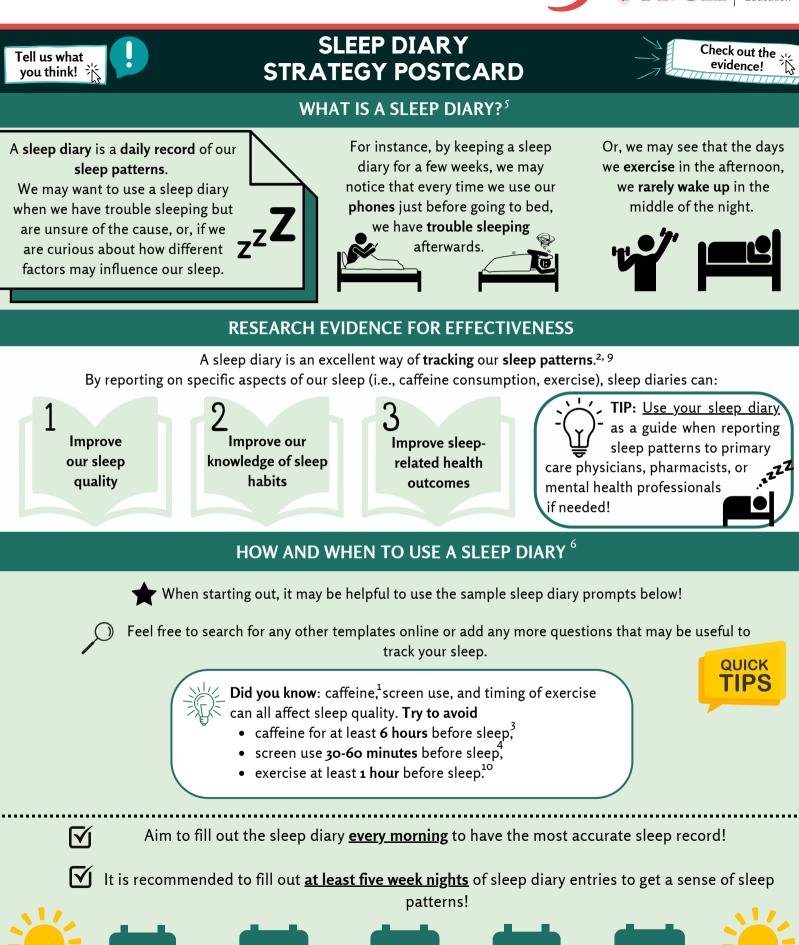
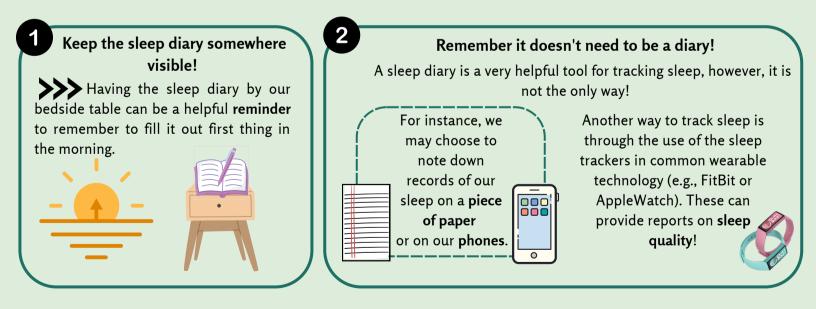
EDUCATION FOR MENTAL HEALTH RESILIENCE



	Date:	Date:	Date:	Date:	Date:
What time did you go to bed?					
Approximately what time did you go to sleep?					
What time did you wake up in the morning?					
How would you describe your sleep quality? (i.e., excellent, above average, average, below average, poor)					
How many times did you wake up in the middle of the night?					
Was your sleep disturbed by any factors?					
How much caffeine did you consume?					
Did you have caffeine 6 hours before sleep?					
How much time did you spend exercising?					
Did you exercise within 1 hour of bedtime?					
How much time did you spend looking at a screen(s) before bed (i.e., phone, laptop, ipad, TV)?					

QUICK TIPS 7,8



CONTACT INFORMATION

View the reference list for this infographic

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