

Nighttime Mental Health Check

Date: _____

Did I get enough sleep last night? yes no

How many hours did I spend on screens? _____

Did I eat at least 5 servings of fruit and vegetables? yes no

What am I feeling right now? _____

Did I enjoy enough social connection today? yes no

Did I do something physical for at least an hour today? yes no

How was I kind to myself?

What are 5 things that happened today for which I'm grateful?

