

Loved to Sleep Worksheet

Sleep Plan For: _____ Age: _____

Note: Meet with Doctor and/or Lactation professional to rule out potential underlying medical conditions interfering with sleep and to discuss your night feeding goals prior to sleep coaching.

Ultimate Sleep Goals: _____

Desired Sleep Location: _____

Short-term Sleep Location Options: Separate Sleep Space _____
 Separate at Bedtime then Bedshare
 Bedshare Entire Night

Sleep Friendly Environment: Noise Lighting
 Temperature Other _____

Bedtime Routine: 1. _____
2. _____
3. _____
4. _____
5. _____

Initial Bedtime: _____ Natural Bedtime (Suspected): _____

Early Sleep Signs: _____

Advanced Sleep Signs: _____

Wakeful Window After Long Nap (More than 45 Minutes): _____

Wakeful Window After Short Nap (Less Than 45 Minutes): _____

Sleep Coaching Method (Which Lane Are You In?): _____

- Coaching at Bedtime Only (Slow Lane)
- Coaching at Bedtime & Beginning of Night (Middle Lane) Until: _____
- Coaching at Bedtime & Through Entire Night (Fast Lane)

Base Sleep Association (What Are You Doing Now?): _____

Planned Sleep Shifts:

1. _____ → _____
2. _____ → _____
3. _____ → _____
4. _____ → _____
5. _____ → _____
6. _____ → _____
7. _____ → _____
8. _____ → _____

Middle of the Night Sleep Coaching Steps/Strategies (If Different than Above):

Night Feeding Goal: _____

Daytime Feeding Plan: _____

Current Night Feeding Times: _____

Quantity/Length: _____

Planned Dreamfeed Times: _____

Goal for Weaning Dreamfeeds: _____

Morning Routine (Dramatic Wake Up): _____