

Weekly Sleep Assessment Journal

Week #: _____ Week Start Date: _____

Use this Journal to track and celebrate your success and guide you through moving forward toward your ultimate sleep goals

What I enjoyed about my child this week: _____

What enjoyable thing I did for myself this week: _____

What feels right: _____

What is working: _____

What is a little better or easier this week: _____

Is my child getting enough sleep? Yes No
(See Recommended Sleep Averages in Appendix)

Does my child's bedtime need adjusting? Yes No
(See Overtiredness in Appendix)

Is this method still working for me? Yes No

Are my partner and I on the same page? Yes No

Base Soothing Technique at start of week: _____

Base Soothing Technique at end of week: _____

Next Sleep Shift Goal: _____

How is my personal "Sleep Tank"? Empty 1/4 Full 1/2 Full 3/4 Full Full

What I'm going to do to this week to fill my personal "Sleep Tank": _____

Other Notes: _____
