

Sleep Checklist

*Use this customizable worksheet to create a
sleep routine that works for you!*



Evening

- ☐ Lights out by _____ pm
- ☐ Technology off by _____ pm
(at least 30 minutes before "lights out")
- ☐ Bedtime Routine:
 1. _____
 2. _____
 3. _____



Daytime

- | | |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Mindfulness/Meditation |
| <input type="checkbox"/> Caffeine Moderation | <input type="checkbox"/> Hydration |
| <input type="checkbox"/> Sunlight | |