

## PEDIATRIC 7 DAY SLEEP BETTER CHALLENGE

Country or Region: \_\_\_\_\_

Age: \_\_\_\_\_

Week Starting: \_\_\_\_\_

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### Step 1

Choose ONE sleep goal for this week.

My Sleep Goal: \_\_\_\_\_

#### Examples

*I will go to bed at 8:30 pm every night.*

*I will turn off my tablet one hour before bed.*

*I will follow my bedtime routine every night.*

*I will keep my bedroom dark and quiet.*

### Step 2

Track your goal for 7 days. For each day, mark Yes or No and write one short reflection.

#### **Day 1**

Did I complete my sleep goal?

Yes / No

Reflection

#### **Day 2**

Yes / No

Reflection:

#### **Day 3**

Yes / No

Reflection:

## **Day 4**

Yes / No

Reflection:

## **Day 5**

Yes / No

Reflection:

## **Day 6**

Yes / No

Reflection:

## **Day 7**

Yes / No

Reflection:

## **End of Week Reflection**

What felt easier by the end of the week?

Did sleep feel different? How?

Will we continue this goal?

Yes / No

Next sleep goal we may try: