

# Sleep Hygiene Checklist - Caregiver Version

*(Please note all Sleep Hygiene Checklists completed on paper must be entered online.)*

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

There are many different actions your child can take to improve their sleep hygiene. Your child may be doing some of these actions already! Please mark what actions your child currently takes, then choose at least two new actions your child would like to try this week.

Actions my child currently takes:	Actions my child would like to try this week:
<input type="checkbox"/> Exercise at least 20-30 minutes each day	<input type="checkbox"/> Exercise at least 20-30 minutes each day
<input type="checkbox"/> Avoid exercising in the three hours before bed	<input type="checkbox"/> Avoid exercising in the three hours before bed
<input type="checkbox"/> Avoid naps (for older children)	<input type="checkbox"/> Avoid naps (for older children)
<input type="checkbox"/> Go to bed and wake up at the same time each day including weekends	<input type="checkbox"/> Go to bed and wake up at the same time each day including weekends
Keep their bedroom: <input type="checkbox"/> Dark <input type="checkbox"/> Cool <input type="checkbox"/> Quiet	Keep their bedroom: <input type="checkbox"/> Dark <input type="checkbox"/> Cool <input type="checkbox"/> Quiet
<input type="checkbox"/> Get sunshine in the morning	<input type="checkbox"/> Get sunshine in the morning
<input type="checkbox"/> Charge their devices outside their bedroom	<input type="checkbox"/> Charge their devices outside their bedroom
<input type="checkbox"/> Uses their devices outside their bedroom	<input type="checkbox"/> Uses their devices outside their bedroom
<input type="checkbox"/> Uses their bed only for sleeping	<input type="checkbox"/> Uses their bed only for sleeping
<input type="checkbox"/> Stop using devices and watching TV at least one hour before they go to bed	<input type="checkbox"/> Stop using devices and watching TV at least one hour before they go to bed
<input type="checkbox"/> Avoid caffeine in the afternoon and evening	<input type="checkbox"/> Avoid caffeine in the afternoon and evening
<input type="checkbox"/> Do relaxing non-screen activities before bed such as reading, taking a shower / bath, listening to or playing music	<input type="checkbox"/> Do relaxing non-screen activities before bed such as reading, taking a shower / bath, listening to or playing music
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____