

Sleep Checklist

Date: _____

Planning For Bed

- I will be in bed at: _____
- I will wake up at: _____
- No screens 30 minutes before bed
- Room is cool, dark, and quiet
- Teeth are brushed and flossed
- Nighttime vitamins/meds taken
- Face and Body Care
- Take a few deep breaths

Wind Down Activities

- Read a physical book
- Take a warm bath or shower
- Meditation or light stretching
- Listen to calming music
- Write down a to-do list or journal your thoughts to help clear your mind before bed.

To-Do List

- _____
- _____
- _____
- _____

What I would like to dream about:

What to AVOID:

- Electronics
- Alcohol
- Caffeine
- Sugary or Fatty Foods
- Intense Exercise
- Mentally taxing work

Notes: