

# 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: