

# GOOD NIGHT

I CAN BEAT INSOMNIA!



Date: \_\_\_\_\_

- Today Was:
- |                                 |                                    |                                      |                                      |                               |
|---------------------------------|------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Great  | <input type="checkbox"/> Just Okay | <input type="checkbox"/> Bumpy       | <input type="checkbox"/> Quiet       | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Poopie | <input type="checkbox"/> Good      | <input type="checkbox"/> Crazy       | <input type="checkbox"/> Not so Good |                               |
| <input type="checkbox"/> Fun    | <input type="checkbox"/> Yucky     | <input type="checkbox"/> Other _____ |                                      |                               |

The Weather is:

<input type="checkbox"/> Other _____				
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My Anxiety Level about Sleeping is:

<input type="checkbox"/>					
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Bedtime Hygiene Steps Taken:

<input type="checkbox"/> Bath	<input type="checkbox"/> Washed Behind Ears	<input type="checkbox"/> Brushed My Teeth	<input type="checkbox"/> Flossed
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Bedtime Relaxation Steps Taken:

<input type="checkbox"/> Read	<input type="checkbox"/> Practiced Breathing Exercises	<input type="checkbox"/> Meditation
<input type="checkbox"/> Massage	<input type="checkbox"/> Other _____	

Bedtime Security Steps - Cuddled with:

<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____
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My Room is:

<input type="checkbox"/> Quiet	<input type="checkbox"/> Dark	<input type="checkbox"/> Calm	<input type="checkbox"/> Other _____
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Good Night:

<input type="checkbox"/> Today	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Grandma	<input type="checkbox"/> Grandpa
<input type="checkbox"/> Friends	<input type="checkbox"/> Everything	<input type="checkbox"/> Everybody	<input type="checkbox"/> Other _____	

Tonight I Want to Dream About:

Tomorrow I Look Forward to: