

CHECKLIST

YOUR BABY

01	...CAN COMBINE SLEEP PHASES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
02	...HAS A BEDTIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
03	...HAS A PEACEFUL SLEEP	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
04	...FALLS ASLEEP EASY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
05	...HAS A BEDTIME ROUTINE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
06	...GETS ENOUGH SLEEP	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
07	...ACCEPTS ALTERNATIVE SLEEPING PLACES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
08	...LETS SOMEONE ELSE BRING HER TO BED	YES <input type="checkbox"/>	NO <input type="checkbox"/>



CHECKLIST

YOU

-
- | | | | |
|----|--------------------------------------|---------------------------------|--------------------------------|
| 01 | ...ARE HAPPY WITH THE HOURS OF SLEEP | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|--------------------------------------|---------------------------------|--------------------------------|
-
- | | | | |
|----|------------------|---------------------------------|--------------------------------|
| 02 | ...WAKE UP HAPPY | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|------------------|---------------------------------|--------------------------------|
-
- | | | | |
|----|--|---------------------------------|--------------------------------|
| 03 | ...HAVE A COMFORTABLE NURSING / SLEEP POSITION | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|--|---------------------------------|--------------------------------|
-
- | | | | |
|----|----------------|---------------------------------|--------------------------------|
| 04 | ...FEEL RESTED | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|----------------|---------------------------------|--------------------------------|
-
- | | | | |
|----|----------------------|---------------------------------|--------------------------------|
| 05 | ...FEEL CONCENTRATED | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|----------------------|---------------------------------|--------------------------------|
-
- | | | | |
|----|---------------------------|---------------------------------|--------------------------------|
| 06 | ...HAVE TIME FOR YOURSELF | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|---------------------------|---------------------------------|--------------------------------|
-
- | | | | |
|----|-----------------------------------|---------------------------------|--------------------------------|
| 07 | ...HAVE SUPPORT FROM YOUR PARTNER | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|-----------------------------------|---------------------------------|--------------------------------|
-
- | | | | |
|----|--|---------------------------------|--------------------------------|
| 08 | ...WANT TO KEEP EVERYTHING THE WAY IT IS | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|--|---------------------------------|--------------------------------|
-

