

## **“What’s Our Sleep Picture?” Worksheet**

### ***Where we started—and where we are now***

This worksheet gives you a snapshot of your baby’s sleep before and after starting your sleep plan. Fill it out honestly—no judgment here. We’re just getting the facts on paper so you can track your wins, even the small ones.

---

#### **Week 1 – Before Sleep Training**


**Please complete this section before starting your plan.**

**DATE STARTING PROGRAM:** \_\_\_\_\_

- **How many naps does your baby take per day?**  
\_\_\_\_\_ naps
- **Average length of each nap?**  
\_\_\_\_\_ minutes
- **What time is bedtime most nights?**  
\_\_\_\_\_ : \_\_\_\_\_ p.m.
- **How does your baby usually fall asleep?**  
(rocked, fed, held, etc.): \_\_\_\_\_

- 
- **How many times do they wake up at night?**  
\_\_\_\_\_ times
  - **How are they soothed back to sleep?** \_\_\_\_\_

- 
- **What time do they wake up for the day?**  
\_\_\_\_\_ : \_\_\_\_\_ a.m.
  - **How much milk or formula do they take during the day?**  
\_\_\_\_\_ oz or feeds

 *Note anything else you notice about their sleep patterns or your own feelings here: Areas you know need improving, weaknesses, fears about the process. Use additional paper or the backside if needed.*

---

---

---

---

---



## Week 1 – After 7 Days of Sleep Training

Fill this out one week later to track progress.

DATE OF REPORT: \_\_\_\_\_

- How many naps per day now?

\_\_\_\_\_ naps

- Average nap length now?

\_\_\_\_\_ minutes

- What time is bedtime now?

\_\_\_\_\_ : \_\_\_\_\_ p.m.

- How does your baby fall asleep now? \_\_\_\_\_

\_\_\_\_\_

- How many night wakings now?

\_\_\_\_\_ times

- How are they soothed now? \_\_\_\_\_


\_\_\_\_\_

- Morning wake-up time?

\_\_\_\_\_ : \_\_\_\_\_ a.m.

- Feeding pattern during the day?

\_\_\_\_\_ oz or feeds

 How are **you** feeling this week? What are the changes in your baby's mood or behavior? — **What are your wins?** — What areas are you still struggling with? — Use backside or additional paper if needed.

---

---

---

---

---



## Week 2 – After 14 Days of Sleep Training

Fill this out to track progress

DATE OF REPORT: \_\_\_\_\_

- How many naps per day now?

\_\_\_\_\_ naps

- Average nap length now?

\_\_\_\_\_ minutes

- What time is bedtime now?

\_\_\_\_\_ : \_\_\_\_\_ p.m.

- How does your baby fall asleep now? \_\_\_\_\_

\_\_\_\_\_

- How many night wakings now?

\_\_\_\_\_ times

- How are they soothed now? \_\_\_\_\_


\_\_\_\_\_

- Morning wake-up time?

\_\_\_\_\_ : \_\_\_\_\_ a.m.

- Feeding pattern during the day?

\_\_\_\_\_ oz or feeds

 *How are you feeling this week? Any changes in your baby's mood or behavior?*

***What new wins since last week?*** — Any areas you're still struggling with? — Use backside or additional paper if needed.

---

---

---

---

---



## Week 3 – After 21 Days of Sleep Training

Fill this out to track progress (if the child is sleeping through the night with good naps, you do not need to fill this out).

DATE OF REPORT: \_\_\_\_\_

- How many naps per day now?

\_\_\_\_\_ naps

- Average nap length now?

\_\_\_\_\_ minutes

- What time is bedtime now?

\_\_\_\_\_ : \_\_\_\_\_ p.m.

- How does your baby fall asleep now?

\_\_\_\_\_

- How many night wakings now?

\_\_\_\_\_ times

- How are they soothed now?

\_\_\_\_\_

- Morning wake-up time?

\_\_\_\_\_ : \_\_\_\_\_ a.m.

- Feeding pattern during the day?

\_\_\_\_\_ oz or feeds

✦ How are you feeling this week? Any changes in your baby's mood or behavior?

**What new wins since last week?** – Any areas you're still struggling with? – Use backside or additional paper if needed.

---

---

---

---

---

If you are still having issues, reach out to us for help – [info@c2cSleep.com](mailto:info@c2cSleep.com). Tell us what's going on. Don't worry, No Judgement Here!