



Parenting Genie  
A-Z of Parenthood!

# Parenting Genie Sleep Challenge Diary



Parent's Name: \_\_\_\_\_

Baby's Name: \_\_\_\_\_

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

Time: \_\_\_\_\_

## Sleep Challenge Description:

(Check the cues/signs observed before and during the challenge.)

## Sleepiness Cues:

(Check the cues/signs observed before and during the challenge.)

- ☐ Yawning
- ☐ Rubbing Eyes
- ☐ Fussiness
- ☐ Arching Back
- ☐ Crying
- ☐ Difficulty Falling Asleep
- ☐ Other (Specify) \_\_\_\_\_

## Notes and Observations:

(Share any additional details or observations related to the challenge.)



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## Actions Taken:

(Describe the steps you took to address the challenge.)

## Results and Outcomes:

(Share the results of your actions and any changes in your baby's sleep.)

## Reflection:

(Reflect on the challenge and what you've learned from it.)