

HOME MONITORING CHECKLIST

Name: _____ Date: _____



SLEEP		
Time child(ren) went to bed last night		
Did my child(ren) get at least 9 hours of sleep last night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Plan for tonight
Did my child(ren) follow a bedtime routine last night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Plan for tonight
Were screens/technology turned off 1 hour before bed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Plan for tonight
EATING PATTERNS AND ACTIVITY		
Did my child(ren) eat breakfast this morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Talk to child
Did my child(ren) spend less than 2 hours in screen time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Talk to child
Did my child(ren) have energetic play for 60 minutes today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Talk to child
HOME ENVIRONMENT		
Are there fruit and vegetables visible on countertops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Make available
Is there soda, sports drinks, or fruit juice in the fridge?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Remove/replace
Are there “fun food” snacks on the countertops?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Remove/replace
Is there a TV or electronic device in the child(ren)’s room?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Remove/replace
PARENT BEHAVIORS		
Did I catch my child(ren) being good today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Go do it!
Do I have what I need to prepare meals at home today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Go shopping!
Did I create an opportunity for energetic play today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Go do it!
Is there a screen-free challenge scheduled this week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Plan/Schedule
Was I active with my child(ren) yet this week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Plan/Schedule
Is a kitchen clean-out scheduled for this week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Plan/Schedule
Have we eaten more than 1 meal out in the past week?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Plan meals

CAREGIVER WEIGHT— Some adults find weekly weighing beneficial while trying to lose weight. Feel free to record your weight below. We do not recommended weekly weighing for children.