

Healthy Choice Tickets

Healthy Kids Week Theme: Sleep Health (May 6-10, 2019)

Bring your completed tickets to school on Tuesday, Wednesday, Thursday, & Friday to be entered in a drawing for exciting prizes!



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(Hand in to your teacher on Tuesday, May 7)

My sleeping space: Am I comfortable in my sleeping space?

Check at least one thing that you did to get a better night's sleep.

- | | |
|--|--|
| <input type="checkbox"/> Used comfy pillows | <input type="checkbox"/> Made a quiet space (removed screens or other devices) |
| <input type="checkbox"/> Made my sleeping space dark | <input type="checkbox"/> Made my sleep space a comfortable temperature |

Name: _____ Teacher: _____

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(Hand in to your teacher on Wednesday, May 8)

Throughout my day: Am I doing things each day that support healthy sleep?

Check at least one thing that you did to get a better night's sleep.

- | | | |
|--|---|--|
| <input type="checkbox"/> Went to bed at my regular time | <input type="checkbox"/> Woke up at my regular time | <input type="checkbox"/> Was physically active today |
| <input type="checkbox"/> Went outside today | <input type="checkbox"/> Did not have caffeine | |
| <input type="checkbox"/> Removed technology (phones, tablets, laptops, TVs, gaming devices, etc.) from my sleeping space | | |

Name: _____ Teacher: _____

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(Hand in to your teacher on Thursday, May 9)

1-2 Hours Before Bed: Am I getting ready for healthy sleep?

Check at least one thing that you did to get a better night's sleep.

- | | | |
|---|--|---|
| <input type="checkbox"/> Lowered the lights | <input type="checkbox"/> Turned off screens | <input type="checkbox"/> Logged out of apps (social media, games, etc.) |
| <input type="checkbox"/> Put away devices | <input type="checkbox"/> Had a small snack (no sweets) | |

Name: _____ Teacher: _____

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(Hand in to your teacher on Friday, May 10)

Bedtime: Am I ready for healthy sleep?

Check at least one thing that you did to get a better night's sleep.

- | | |
|--|--|
| <input type="checkbox"/> Used a wind-down routine (read, play a quiet game, listen to music, take a bath, meditate, yoga, or just breathe) | |
| <input type="checkbox"/> Closed the curtains | <input type="checkbox"/> Used soothing sounds, such as white noise or a steady fan |
| <input type="checkbox"/> If devices are in the room, powered them OFF (phones, tablets, laptops, TVs, gaming devices, etc.) | |
| <input type="checkbox"/> Used your favorite sleeping item (stuffed animal, favorite blanket, favorite pillow) | |
| <input type="checkbox"/> Turned off the lights (overhead lights, lamps, reading lights, etc.) | |

Name: _____ Teacher: _____