

Date: _____

Fill in each box with your child's current activities for them to track their progress!



						Daytime MB wear	Wear Myobrace
						60min every day	to bed
Sunday							<input type="checkbox"/> partial night <input type="checkbox"/> full night
Monday							<input type="checkbox"/> partial night <input type="checkbox"/> full night
Tuesday							<input type="checkbox"/> partial night <input type="checkbox"/> full night
Wednesday							<input type="checkbox"/> partial night <input type="checkbox"/> full night
Thursday							<input type="checkbox"/> partial night <input type="checkbox"/> full night
Friday							<input type="checkbox"/> partial night <input type="checkbox"/> full night
Saturday							<input type="checkbox"/> partial night <input type="checkbox"/> full night

