



Rhythmus-Protokoll

Name des Kindes: _____

Datum: _____

| | VORMITTAG | | | | | | NACHMITTAG | | | | | | ABEND | | | | | | NACHT | | | | | |
|---------------------------|-----------|---|---|----|----|----|------------|----|----|----|----|----|-------|----|----|----|----|----|-------|---|---|---|---|---|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 |
| Unruhe, Quengeln | | | | | | | | | | | | | | | | | | | | | | | | |
| Schreien | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlaf | | | | | | | | | | | | | | | | | | | | | | | | |
| Stillen | | | | | | | | | | | | | | | | | | | | | | | | |
| Flascherl | | | | | | | | | | | | | | | | | | | | | | | | |
| Feste Nahrung | | | | | | | | | | | | | | | | | | | | | | | | |
| Spielzeit mit Kind | | | | | | | | | | | | | | | | | | | | | | | | |
| Kind spielt alleine | | | | | | | | | | | | | | | | | | | | | | | | |
| Zeit mit Papa | | | | | | | | | | | | | | | | | | | | | | | | |
| Auszeit für Mama | | | | | | | | | | | | | | | | | | | | | | | | |
| Zeit für den Haushalt | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlaf im Kinderwagen | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlaf in der Trage | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlaf im eigenen Bett | | | | | | | | | | | | | | | | | | | | | | | | |
| Schlaf im Bett der Eltern | | | | | | | | | | | | | | | | | | | | | | | | |
| Einschlafritual | | | | | | | | | | | | | | | | | | | | | | | | |
| Schnuller | | | | | | | | | | | | | | | | | | | | | | | | |
| Fremdbetreuung | | | | | | | | | | | | | | | | | | | | | | | | |
| Handy/Tablett/Fernseher | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Um wieviel Uhr haben Sie Ihr Kind am Abend zum Schlaf hingelegt? _____

Wie lange brauchte Ihr Kind zum Einschlafen? _____

Wie oft ca. brauchte Ihr Kind in der Nacht Ihre Hilfe beim Weiterschlafen? _____

Was war heute Ihr schönster Moment? _____



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Beispiel

| | VORMITTAG | | | | | | NACHMITTAG | | | | | | ABEND | | | | NACHT | | | | | | | |
|---------------------------|-----------|---|---|----|----|----|------------|----|----|----|----|----|-------|----|----|----|-------|----|---|---|---|---|---|---|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 |
| Unruhe, Quengeln | | X | | | | | | | X | | | | | X | X | | | | X | | | X | | |
| Schreien | | X | | | | | | | | | | | | | X | X | | | | | | | | |
| Schlaf | | | | X | X | | | | | X | X | | | | | X | X | X | | X | X | | X | X |
| Stilen | | | X | | | | | | | | | | | | | | | | | | | | | |
| Flascherl | | | | | | | | | | | | | | X | | | | | | | | | | |
| Feste Nahrung | | | | | | | | | X | | | | | | | | | | | | | | | |
| Spielzeit mit Kind | | | | | | X | | | X | | | | | | | | | | | | | | | |
| Kind spielt alleine | | | | | | | | X | | | | | | X | | | | | | | | | | |
| Zeit mit Papa | X | | | | | | | | | | | X | X | X | | | | | | | | | | |
| Auszeit für Mama | | | | | | | | | | | | X | X | | | | | | | | | | | |
| Zeit für den Haushalt | X | | | | | | X | X | | | | | | X | | | | | | | | | | |
| Schlaf im Kinderwagen | | | | X | X | | | | | | | | | | | | | | | | | | | |
| Schlaf in der Trage | | | | | | | | | | X | X | | | | | | | | | | | | | |
| Schlaf im eigenen Bett | | | | | | | | | | | | | | | | X | X | X | | | | | | |
| Schlaf im Bett der Eltern | | | | | | | | | | | | | | | | | | | X | X | | | X | X |
| Einschlafritual | | | | | | | | | | | | | | | | | | | | | | | | |
| Schnuller | X | | | | | | | | | | | | | | | | | | | | | | | |
| Fremdbetreuung | | | | | | | | | | | | | | | | | | | | | | | | |
| Handy/Tablett/Fernseher | | | | | | | | | | | | | | | | | | | | | | | | |

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