

# Sleep Questionnaire

What time do you usually go to bed on a school night?	<input type="checkbox"/> 21:30	<input type="checkbox"/> 22:00	<input type="checkbox"/> 22:30	<input type="checkbox"/> 23:00	<input type="checkbox"/> 23:30	<input type="checkbox"/> 00:00	<input type="checkbox"/> After Midnight	
How long does it usually take you to fall asleep once you are in bed?	<input type="checkbox"/> Less than 15 min	<input type="checkbox"/> 15-30 min	<input type="checkbox"/> 31-45 min	<input type="checkbox"/> 46-60 min	<input type="checkbox"/> More than an hour			
So what time do you usually get to sleep on a school night?								
What time do you usually get up on a school day?	<input type="checkbox"/> Before 06:30	<input type="checkbox"/> 06:30	<input type="checkbox"/> 06:45	<input type="checkbox"/> 07:00	<input type="checkbox"/> 07:15	<input type="checkbox"/> 07:30	<input type="checkbox"/> 07:45	<input type="checkbox"/> 08:00
So how many hours of sleep do you usually get on a school night?								
How would you rate your quality of sleep?	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very good			
How often do you feel sleepy in the daytime?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always			
How many nights a week do you think you get poor sleep?	<input type="checkbox"/> 0 nights	<input type="checkbox"/> 1 night	<input type="checkbox"/> 2 nights	<input type="checkbox"/> 3 nights	<input type="checkbox"/> 4 nights	<input type="checkbox"/> 5 nights	<input type="checkbox"/> 6 nights	<input type="checkbox"/> 7 nights
Which of the following activities do you usually do in the hour before you go to sleep? (You can tick more than one)	<input type="checkbox"/> Have something to eat	<input type="checkbox"/> Play games on a screen	<input type="checkbox"/> Have something to drink	<input type="checkbox"/> Use your phone for watching videos	<input type="checkbox"/> Use your phone for social media			
	<input type="checkbox"/> Do schoolwork	<input type="checkbox"/> Read a book	<input type="checkbox"/> Do some exercise	<input type="checkbox"/> Relax or meditate	<input type="checkbox"/> Watch TV			
	<input type="checkbox"/> Talk to friends	<input type="checkbox"/> Bath or shower	<input type="checkbox"/> Other _____					

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_