Sleep Habits

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1) Collection date of sleep habit information:

_____
(DD-MM-YYYY)

SLEEP HABITS

2) During the past month, what time did the participant usually go to bed at night?

_____
(HH:MM)

3) During the past month, how long (in minutes) has it usually taken the participant to fall asleep each night?

_____
(In minutes.)

4) During the past month, what time has the participant usually gotten up in the morning?

_____
(HH:MM)

5) During the past month, on average, how many hours of actual sleep did the participant get at night?

_____
(In hours.)

6) Has a doctor ever told the participant that they have a sleep disorder known as sleep apnea?

◯ Yes
◯ No

7) Does the participant use any medication to facilitate sleeping more than twice a week?

◯ Yes
◯ No

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