

# Sleeping Habits and effects

Hey Guys, This is for a project analyzing the sleep routine and habits of students. Kindly, spare a few minutes to fill this out.

Thanks in advance!

**\* Required**

1. Can we know your name please?

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2. Your age \*

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3. What is your typical time to go to sleep? \*

*Mark only one oval.*

- ☐ Before 10 pm
- ☐ 10 pm - 12 am
- ☐ 1 am
- ☐ After 1 am

4. Average number of hours of sleep per night \*

*Mark only one oval.*

- ☐ <=4
- ☐ 5-6
- ☐ 7-8
- ☐ >8

5. How long does it take you to fall asleep after being in bed (Scaled in minutes)? \*

*Mark only one oval.*

- ☐ 0 - 15
- ☐ 16 - 30
- ☐ 31 - 45
- ☐ 46 - 60
- ☐ >60

6. How many times do you wake up in between sleep? \*

*Mark only one oval.*

- ☐ <2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ >5

**7. Do you uncontrollably feel sleepy during the day/ class hours? \****Mark only one oval.*

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**8. Do you use any fitness / sleep tracking device? \****Mark only one oval.*

- ☐ Yes
- ☐ No

**9. Sleep Environment \***

Fill in each row for us to assess your sleeping environment

*Mark only one oval per row.*

	Yes	Sometimes	Nver
Do you watch TV/ use Mobile phones prior to sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you sleep alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your study and sleep space separate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. How comfortable is your sleep area? \****Mark only one oval.*

	1	2	3	4	5	
Too noisy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very comfortable

**11. Does your sleeping habits affect your mood or academic performance? \****Mark only one oval.*

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

**12. Insomnia \****Mark only one oval per row.*

	Yes	Sometimes	Seldom	No
Do you have trouble falling sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have trouble returning to sleep after being awoken during the night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use medications to help you sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Is your sleep routine consistent ? \****Mark only one oval.*

- ☐ Yes
- ☐ Only on weekdays
- ☐ No

**14. How would you rate your sleep? \****Mark only one oval.*

	1	2	3	4	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Great

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