

1. What is your age group?
 - 13-18years
 - 19-25 years
 - 26-50 years
 - Over 50
2. What was the longest time you were struggling with sleep?
3. Do you feel any kind of pressure which prevents you from sleeping properly?
 - Family
 - Job
 - Education
 - others
4. Do you feel any mental health related issue which keeps you awake at night?
 - Depression
 - Anxiety
 - Fear
 - Overthinking
 - others
5. Do you suffer from any kind of health issues?
 - Yes
 - No
6. Do you skip your sleep for watching TV, browsing social media or playing games?
 - Yes
 - No
7. Do you sleep at noon or anytime throughout the day?
 - Yes
 - No
8. Do you feel any difficulties in sleeping after taking caffeine (tea or coffee)?
 - Yes
 - No
9. Does a change in your environment affect your sleep?
 - Yes
 - No
10. Does anyone in your family have a sleeping disorder?
 - Yes
 - No
11. How do you overcome your sleeping problem?

