Please answer all the questions as correctly as you can. Thank you!!! 

Age:\_\_\_\_\_ Grade:\_\_\_\_\_ Gender:\_\_\_\_\_\_ Current GPA:\_\_\_\_\_ # AP/Honors:\_\_\_\_\_

On average, how many hours do you spend on homework each night?:\_\_\_\_\_

On average, how many hours of sleep do you get each night?:\_\_\_\_\_

*For questions #2 & #3, if they do not apply, leave blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Always | Often | Sometimes | Never |
| 1. How often do you worry about your grades? |  |  |  |  |
| 2. If you participate in sports, how often do you stress about them? |  |  |  |  |
| 3. If you participate in extra-curricular activities, how often do you stress about them? |  |  |  |  |
| 4. Do you feel pressured to do well in school? |  |  |  |  |
| 5. How often do you feel tired or worn out? |  |  |  |  |
| 6. How often do you feel depressed? |  |  |  |  |
| 7. How often do you have mood swings? |  |  |  |  |
| 8. How often do you fight with your friends? |  |  |  |  |
| 9. Do you feel pressured by your friends? |  |  |  |  |
| 10. How often do you fight with your parents? |  |  |  |  |
| 11. How often do you feel physically or emotionally exhausted? |  |  |  |  |

Please answer all the questions as correctly as you can. Thank you!!! 

Age:\_\_\_\_\_ Grade:\_\_\_\_\_ Gender:\_\_\_\_\_\_ Current GPA:\_\_\_\_\_ # AP/Honors:\_\_\_\_\_

On average, how many hours do you spend on homework each night?:\_\_\_\_\_

On average, how many hours of sleep do you get each night?:\_\_\_\_\_

*For questions #2 & #3, if they do not apply, leave blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Always | Often | Sometimes | Never |
| 1. How often do you worry about your grades? |  |  |  |  |
| 2. If you participate in sports, how often do you stress about them? |  |  |  |  |
| 3. If you participate in extra-curricular activities, how often do you stress about them? |  |  |  |  |
| 4. Do you feel pressured to do well in school? |  |  |  |  |
| 5. How often do you feel tired or worn out? |  |  |  |  |
| 6. How often do you feel depressed? |  |  |  |  |
| 7. How often do you have mood swings? |  |  |  |  |
| 8. How often do you fight with your friends? |  |  |  |  |
| 9. Do you feel pressured by your friends? |  |  |  |  |
| 10. How often do you fight with your parents? |  |  |  |  |
| 11. How often do you feel physically or emotionally exhausted? |  |  |  |  |