

Sleep time Survey

1. Age

2. Gender

Mark only one oval.

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

3. What is your daily avg. screen time ?

Mark only one oval.

- ☐ 0-1 hrs
- ☐ 1-2 hrs
- ☐ 2-3 hrs
- ☐ 3-4 hrs
- ☐ 4-5 hrs
- ☐ more than 5 hrs

4. Physical illness

Mark only one oval.

☐ Yes

☐ No

5. No of meals in a day

Mark only one oval.

☐ one

☐ two

☐ three

☐ four

☐ five

☐ more than 5

6. What beverage do you daily drink ?

Mark only one oval.

☐ Tea

☐ Coffee

☐ Tea and Coffee both

☐ None

7. Do you use blue light filter ?

Mark only one oval.

☐ Yes

☐ No

8. Do you smoke/drink ?

Mark only one oval.

☐ Yes

☐ No

9. Do you exercise regularly ?

Mark only one oval.

☐ yes

☐ no

☐ sometimes

10. Sleep direction

Mark only one oval.

☐ North

☐ South

☐ East

☐ West

11. Your average sleep time ? (in hrs)

This content is neither created nor endorsed by Google.

Google Forms