

Teen Sleep Habits Survey

SURVEY INSTRUCTIONS

Please answer the questions on the following pages as accurately and honestly as you can. This survey is anonymous, and there is no way to identify any individual respondent. The answers will be reported only by grade level and school. There are no right or wrong answers. You can skip any question that you do not understand or choose not to answer. Do not spend too much time on any one answer. Your first impression is usually best.

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ⊙

1. What time do you usually go to bed on school days? List one time, not a range.

_____ p.m./a.m.

2. There are many reasons for doing things at one time or another. What is the main reason you usually go to bed at this time on school days (Mark only one)

- My parents have set my bedtime
- I feel sleepy
- I have finished my homework
- My TV shows are over
- I have finished socializing (texting, phone calls, etc.)
- I got home from my job
- Other _____

3. On school days, after you go to bed at night, about how long does it usually take you to fall asleep?

- Less than 10 minutes
- 10-20 minutes
- More than 20 minutes

4. What time do you usually wake up on school days? List one time, not a range.

_____ p.m./a.m.

5. What is the main reason you usually wake up at this time on school days? (Mark only one)

- Noises or my pets wake me up
- My alarm clock wakes me up
- My parents or other family members wake me up
- I need to go to the bathroom
- I don't know, I just wake up
- Other _____

6. What time do you usually leave home on school days?

_____ a.m.

7. How do you usually get to school?

- Walk/ride a bike
- Take the bus
- Get a ride with family member
- Get a ride with friend(s)
- Drive my car

8. What time do you usually go to bed on weekends?

_____ p.m./a.m.

9. There are many reasons for doing things at one time or another. What is the main reason you usually go to bed at this time on weekends? (Mark only one.)

- My parents have set my bedtime
- I feel sleepy
- I have finished my homework
- My TV shows are over
- I have finished socializing (texting, phone calls, etc.)
- I got home from my job
- Other _____

10. On weekends, after you go to bed at night, about how long does it usually take you to fall asleep?

- Less than 10 minutes
- 10-20 minutes
- More than 20 minutes

11. What time do you usually wake up on weekends? List one time, not a range.

_____ a.m./p.m.

12. What is the main reason you usually wake up at this time on weekends? (Mark only one.)

- Noises or my pets wake me up
- My alarm clock wakes me up
- My parents or other family members wake me up
- I need to go to the bathroom
- I don't know, I just wake up
- Other _____

13. Some people wake up during the night, others never do. How many times do you usually wake up during the night?

- Never
- Once
- 2 or 3 times
- More than 3 times
- I have no idea

14. People sometimes feel sleepy during the daytime. During your daytime activities, how much of a problem do you have with sleepiness (feeling sleepy, struggling to stay awake)?

- No problem at all
- A little problem
- More than a little problem
- A big problem
- A very big problem

PLEASE DO NOT WRITE IN THIS AREA



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15. How often do you nap on school days?

- Never
- Only when I am sick
- Sometimes
- Every day

16. How often do you nap on weekend days?

- Never
- Only when I am sick
- Sometimes
- Every day

17. How much sleep do you need? Fill out below how much sleep you think you would need each night to feel your best every day. (Remember to mark hours and minutes, even if the minutes are zero.)

_____ hours _____ minutes

18. In general, do you feel you usually get:

- Too much sleep
- Enough sleep
- Too little sleep

19. Do you consider yourself to be a:

- Good sleeper
- Poor sleeper

20. How often do you think you get enough sleep during the school week?

- Never
- Rarely
- Sometimes
- Usually
- Always

21. How often do you think you get enough sleep on the weekend?

- Never
- Rarely
- Sometimes
- Usually
- Always

22. During the last two weeks, have you struggled to stay awake (fought sleep) or fallen asleep in the following situations? (Mark one answer for every item.)

	No	Struggled to stay awake	Fallen asleep	Both struggled to stay awake and fallen asleep
In a class at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While doing homework on the computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading, studying or doing homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While taking a test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traveling in a bus, train, plane or car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending a performance (movie, concert, play)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television or listening to music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a face-to-face conversation with another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. During the last two weeks, how often have you done the following? (Mark only one answer for every item.)

	Never	Once or twice a week	Once a day	Several times a day
Drank a beverage with caffeine (Coke, Pepsi, Monster, Mountain Dew, Red Bull)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank coffee or tea with caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used tobacco (cigarettes, cigar, chewing tobacco, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. In the last two weeks, how often have you done the following? (Mark one answer for every item.)

	Never	Once	Twice	Several Times	Every day/night
Arrived late to class because you overslept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fallen asleep in a morning class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fallen asleep in an afternoon class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awakened too early in the morning and couldn't get back to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stayed up until 3 a.m. or later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slept later than noon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt tired, dragged out, or sleepy during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needed to be told more than once to get up in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had an extremely hard time falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had nightmares or bad dreams during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to bed because you could not stay awake any longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done dangerous things without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a good night's sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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25. During the last two weeks, how often were you bothered or troubled by the following? (Mark one answer for every item.)

	Never	Once	Twice	Several Times	Every day/night
Arrived late to class because you overslept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling too tired to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trouble going to sleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Ideally, when would be the best time for you for school to start?

- 7:00 am
- 7:30 am
- 8:00 am
- 8:30 am
- 9:00 am
- Later than 9:00 a.m.

27. Imagine you have to take a two-hour test, but you can take it when you think you will do your best. What time is that?

- 8:00-10:00 a.m.
- 11:00-1:00 p.m.
- 3:00-5:00 p.m.
- 7:00-9:00 p.m.

28. When do you usually have the most energy to do your favorite things?

- 8:00-10:00 a.m.
- 11:00-1:00 p.m.
- 3:00-5:00 p.m.
- 7:00-9:00 p.m.

29. When does your body start to tell you it's time for bed (even if you ignore it)? Between:

- 8:00-9:00 p.m.
- 9:00-10:00 p.m.
- 10:00-11:00 p.m.
- 11:00-12:00 a.m.
- After 12:00 a.m.

30. During last week, did you work at a job for pay?

- No (Skip to question 31)
- Yes

During the last week, when did you work? (Mark all that apply.)

- In the morning before school
- In the afternoon after school
- In the evening on days that you had school
- On the weekend

How many hours do you work at your paying job?

During the school week: _____ hours

During the weekend: _____ hours

During the last week, did you struggle to stay awake (fight sleep) or fall asleep at your job?

- No
- Struggled to stay awake
- Fell asleep
- Both struggled to stay awake and fell asleep.

If you did not have your job, would you go to bed:

- Earlier than you do
- Later than you do
- The same as you do

If you did not have your job, would you wake up:

- Earlier than you do
- Later than you do
- The same as you do

31. During last week, did you study/do homework?

- No (Skip to question 32)
- Yes

During the last week, when did you study/do homework? (Mark all that apply.)

- In the morning before school
- In the afternoon after school
- In the evening on days that you had school
- On the weekend

How many hours do you study outside of school?

During the school week: _____ hours

During the weekend: _____ hours

During the last week, did you struggle to stay awake (fight sleep) or fall asleep while studying?

- No
- Struggled to stay awake
- Fell asleep
- Both struggled to stay awake and fell asleep.

If you did not have to study, would you go to bed:

- Earlier than you do
- Later than you do
- The same as you do

If you did not have to study, would you wake up:

- Earlier than you do
- Later than you do
- The same as you do

32. During last week, did you engage in organized sports or a regularly scheduled physical activity?

- No (Skip to question 33)
- Yes

During the last week, when did you practice? (Mark all that apply.)

- In the morning before school
- In the afternoon after school
- In the evening on days that you had school
- On the weekend

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How many hours do you practice?

During the school week: _____ hours

During the weekend: _____ hours

During the last week, did you struggle to stay awake (fight sleep) or fall asleep during practice?

- No
- Struggled to stay awake
- Fell asleep
- Both struggled to stay awake and fell asleep.

If you did not have your sports activity, would you go to bed:

- Earlier than you do
- Later than you do
- The same as you do

If you did not have your sports activity, would you wake up:

- Earlier than you do
- Later than you do
- The same as you do

33. During last week, did you participate in organized activities (i.e., clubs, music, etc.)?

- No (Skip to question 34)
- Yes

During the last week, when did you participate? (Mark all that apply.)

- In the morning before school
- In the afternoon after school
- In the evening on days that you had school
- On the weekend

Outside of regular school hours, how many hours do you participate?

During the school week: _____ hours

During the weekend: _____ hours

During the last week, did you struggle to stay awake (fight sleep) or fall asleep during this participation?

- No
- Struggled to stay awake
- Fell asleep
- Both struggled to stay awake and fell asleep.

If you did not have your extracurricular activity, would you go to bed:

- Earlier than you do
- Later than you do
- The same as you do

If you did not have your extracurricular activity, would you wake up:

- Earlier than you do
- Later than you do
- The same as you do

34. Are your grades in school mostly?

- A's
- A's and B's
- B's
- B's and C's
- C's
- C's and D's
- D's
- D's and F's
- F's

35. Do you drive a car?

- Yes
- No (Skip next question)

36. If yes, have you ever had an accident?

- Yes
- No

37. Do you have any disabilities or chronic illnesses (for example, asthma, diabetes, deafness, physical impairment, etc.)?

- Yes
- No

38. Compared to others your age, would you say that your health is:

- Poor
- Fair
- Good
- Excellent

39. Do you take medication to help with concentration or a learning disability

- Yes
- No

40. During the last two weeks, how many days did you stay home from school because you were:

Sick: 0 days 1 day 2 days 3 days 3+ days

Other: 0 days 1 day 2 days 3 days 3+ days

Why did you stay home? _____

41. Do you have a TV in your bedroom?

- Yes
- No

42. Do you have a computer in your bedroom?

- Yes
- No

43. Do you have a telephone/cell phone in your bedroom?

- Yes
- No

44. Your gender:

- Male
- Female

45. Your age:

- 13
- 14
- 15
- 16
- 17
- 18
- 19

46. Your grade:

- 9
- 10
- 11
- 12

47. What best describes your racial/ethnic background? (Check all that apply)

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian/Asian American
- Native American/Pacific Islander
- African
- Other _____

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