Today's date:
Age:
Gender:

DIRECTIONS:

This questionnaire was developed by the researcher for the purpose of gathering information related to factors that have been determined to have an affect on sleep and the body's circadian rhythm. The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. This questionnaire is anonymous and you can not be identified by the results you provide. Some of the questions require you to tick a box, others to score yourself on a scale, whereas others just require you to circle either a *Yes* or *No*. Please answer all questions.

SLEEP PATTERN:

What are your usual bedtimes?

	Bedtime	Time taken to fall asleep	Wake-up time	Out of bed time
Weekdays:	_________*am/pm*	_________*hrs/min*	_________*am/pm*	_________*am/pm*
Weekends:	_________*am/pm*	_________*hrs/min*	_________*am/pm*	_________*am/pm*

Do you consider yourself a night owl? YES / NO

Do you consider yourself a morning person? YES / NO

Do you usually feel that you could sleep for longer? YES / NO

How long does it take you to fall asleep, on average?

[ ] 0 – 15 mins [ ] 16 – 30 mins [ ] 31 – 45 mins

[ ] 46 – 60 mins [ ] > 1 hour

SLEEP QUALITY:

During the last month, how would you rate your sleep quality overall?

[ ] Very good [ ] Fairly good [ ] Fairly bad [ ] Very bad

Do you feel that you could improve the *quality* of your sleep? YES / NO

Do you currently suffer from any of the following sleep disorders? (please select all that apply)

[ ] Insomnia (struggling to get to sleep) [ ] Restless leg syndrome

[ ] Narcolepsy [ ] Sleepwalking

[ ] Sleep/Night terrors [ ] I do not suffer from any sleeping disorders

Have you seen a doctor before about your sleep or a daytime alertness problem? YES / NO

During the last month, how often have you taken medicine to help you sleep?

[ ] Not at all [ ] less than once a week

[ ] Once or twice a week [ ] 3 or more times a week

Do you need an alarm clock, the help of someone else or some other aid to wake you up in the mornings? YES / NO

During the last month, how often have you had trouble sleeping because you…..

		Not during the past month	*Less than once a week*	*Once or twice a week*	*Three or more times a week*
(a)	… can't get to sleep within 30 minutes	[ ]	[ ]	[ ]	[ ]
(b)	… wake up in middle of the night or early morning	[ ]	[ ]	[ ]	[ ]
(c)	… have to get up to use the bathroom	[ ]	[ ]	[ ]	[ ]
(d)	… can't breathe comfortably	[ ]	[ ]	[ ]	[ ]
(e)	… cough or snore loudly	[ ]	[ ]	[ ]	[ ]
(f)	… feel too cold	[ ]	[ ]	[ ]	[ ]
(g)	… feel too hot	[ ]	[ ]	[ ]	[ ]
(h)	… had bad dreams	[ ]	[ ]	[ ]	[ ]
(i)	… have pain	[ ]	[ ]	[ ]	[ ]
(j)	… were awoken by phone notifications	[ ]	[ ]	[ ]	[ ]

SLEEP ENVIRONMENT:

Do you usually share your bedroom with someone else when sleeping? YES / NO

Do you usually go to sleep with music, TV, etc on? YES / NO

Do you usually sleep with a light on in your bedroom? YES / NO

Where do you put your mobile phone when you go to bed?

[ ] In bed (near head) [ ] Far from bed but inside room [ ] In different room altogether

When falling asleep, if you hear your phone notification go off, how do you usually respond?

[ ] Respond very quickly [ ] Respond but slowly

[ ] Check it but don't respond [ ] I just carry on sleeping

TECHNOLOGY:

At what age did you receive your first mobile phone? [_______ years old]

How often would you say that you delay your bedtime due to using some form of technology (e.g.- mobile phone, computer, TV, PlayStation, etc.)?

[ ] Never [ ] Few times each month [ ] Few times each week

Do you feel anxious when separated from your mobile phone or tablet? YES / NO

Do you feel you need to be accessible by phone/tablet all day (including the night)? YES / NO

If so, do you find that feeling you have to be accessible by phone all the time is stressful or makes you feel anxious?

[ ] Not at all stressed [ ] Little bit stressful [ ] Rather stressful

[ ] Very stressful [ ] n/a

Have you tried to reduce your use of technology in the bedroom late at night? YES / NO

If so, were you at all successful? YES / NO / n/a

Do you feel that electronic devices (e.g.- mobile phone, computer, TV, Xbox, etc.) affects your sleep in any way? YES / NO

Which technology do you feel is stopping you from getting the ideal amount of sleep that you need to function at your best? (please select as many as you feel are relevant)

[ ] Television [ ] Mobile phone [ ] Digital tablet

[ ] Computer [ ] Entertainment console (Xbox, PlayStation ,etc)

CIRCADIAN RHYTHM:

How would you say your quality of sleep has affected your mood, energy levels or relationships?

[ ] Not at all [ ] A little [ ] Average

[ ] A lot [ ] Heavily affected

How would you say your quality of sleep has affected your concentration, productivity or ability to stay awake?

[ ] Not at all [ ] A little [ ] Average

[ ] A lot [ ] Heavily affected

How often would you say you have trouble getting to sleep?

[ ] Not at all [ ] A little [ ] Average

[ ] A lot

How often would you say you lie awake at night with your mind racing, feeling worried, anxious or depressed?

[ ] Not at all [ ] A little [ ] Average

[ ] A lot

Do you usually awake from sleep still feeling tired or sluggish? YES / NO

Do you usually awake from sleep still feeling irritable or angry? YES / NO

How often do you feel drowsy or unrefreshed during the daytime (including lesson times)?

[ ] Not at all [ ] A little [ ] Average

[ ] A lot

During the last month, how often have you had trouble staying awake in school, eating meals or engaging in social activity?

[ ] Not at all [ ] Less than once a week

[ ] Once or twice a week [ ] 3 or more times a week

Do you feel that your school performance may suffer because of sleepiness? YES / NO

During the last month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

[ ] No problem at all [ ] Only a very slight problem

[ ] Somewhat of a problem [ ] A very big problem

On a normal school day, when would you *prefer* to rise, if you were totally free to arrange your time? [ ] before 06:30 [ ] 06:30-07:29 [ ] 07:30-08:29 [ ] 08:30 or later

On a normal school day, when would you *prefer* to go to bed, if you were totally free to arrange your time? [ ] before 21:00 [ ] 21:00-21:59 [ ] 22:00-22:59 [ ] 23:00 or later

If you *always* had to go to bed at midnight, what do you think it would be like to fall asleep at that time?

[ ] *very difficult* - would lie awake for a long time [ ] *rather difficult* - would lie awake for some time

[ ] *rather easy* - would lie awake for a short time [ ] *easy* - would fall asleep pretty much straight away

If you *always* had to get up at 06:00, what do you think it would be like to get up then?

[ ] very difficult and unpleasant [ ] rather difficult and unpleasant

[ ] a little unpleasant but no great problem [ ] easy - no problem at all

When do you *usually* begin to feel the first signs of tiredness and need for sleep?

[ ] before 21:00 [ ] 21:00-21:59 [ ] 22:00-22:59 [ ] 23:00 or later

How long does it usually take you before you '*come to your senses*' in the morning after waking up from a night's sleep?

[ ] 1 - 10 min [ ] 11 - 20 min [ ] 21 - 40 min [ ] more than 40 min

Please indicate when you are most '*active*' either in the *morning* or in the *evening*.

[ ] pronounced morning active (i.e.- morning alert and evening tired) [ ] to some extent morning active

[ ] to some extent evening active (i.e.- morning tired and evening alert) [ ] pronounced evening active