leeping disorders	I do not suffer from any sleeping disorders	[] Idor	rors	[] Sleep/Night terrors
	Sleepwalking	[] Sleep		[] Narcolepsy
	Restless leg syndrome	[] Restl	Insomnia (struggling to get to sleep)	[] Insomnia (strug
that apply)	ders? (please select all :	wing sleep disord	from any of the follo	Do you currently suffer from any of the following sleep disorders? (please select all that apply)
NO	YES / N	lity of your sleep?	uld improve the <i>qua</i>	Do you feel that you could improve the <i>quality</i> of your sleep?
Very bad		[] Fairly bad	[] Fairly good	[] Very good
	overall?	your sleep quality	how would you rate	During the last month, how would you rate your sleep quality overall?
				SLEEP QUALITY:
		1 hour	[] >1	[] 46 – 60 mins
ins	[] 31-45 mins	16 – 30 mins	[] 16-	[] 0-15 mins
		average?	ou to fall asleep, on	How long does it take you to fall asleep, on average?
	YES / NO		t you could sleep for	Do you usually feel that you could sleep for longer?
	/ NO	YES	of a morning person?	Do you consider yourself a morning person?
	/ NO	YES	elf a night owl?	Do you consider yourself a night owl?
am/pm	am/pm	hrs/min	am/pm	Weekends:
am/pn	am/pm	hrs/min	am/pm	Weekdays:
Out of bed time	Wake-up time	Time taken to fall asleep	Bedtime	
			dtimes?	What are your usual bedtimes?
				SLEEP PATTERN:
information ody's circadian nonth only. Your is in the past lits you provide. s, whereas others	urpose of gathering into no sleep and the but on sleep and the bast in bits during the past in rity of days and night identified by the resure yourself on a scale questions.	searcher for the p ad to have an affec our usual sleep hal reply for the major d you can not be i box, others to sco Please answer all	developed by the revalue been determine vave been determine vave been determine vave been relate to you have been a tender to you have the most accurate the most accurate a vire is anonymous an require you to tick a le either a Yes or No.	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.
				DIRECTIONS:
		*		Gender:
		Separation parties	THE WASHINGTON	Today's date:

During the last month, how often have you taken medicine to help you sleep?	Have you seen a doctor before about your sleep or a daytime alertness problem?	
	YES /	
	NO	

were awoken by phone	have pain) had bad dreams) feel too cold) cough or snore loudly	 can't breathe comfortably 	bathroom) have to get up to use the	night or early morning) wake up in middle of the	minutes	 can't get to sleep within 30 			uring the last month,	ornings? In the state of the	o vou need an alarm] Once or twice] Not at all	uring the last month,	
y phone []		5	Castraga indicate speligate	loudly []	omfortably []	Chel and agreement	to use the	rning L J	dle of the	T I	ep within 30	past month	Not during the	uring the last month, how often have you had trouble sleeping because you	THE / NO LEASTED SAT	o you need an alarm clock, the help of someone else or some other aid to wake you up in the] Once or twice a week [] 3 or more times a week	areadr guilbacker) s[kk] like n	uring the last month, how often have γου taken medicine to help γου sleep?	
[]				I Investile photo	[]	S Charles of the Control of the Cont	arother of Acreton Be	L J 477			1	nth once a week	g the Less than	trouble sleeping becau	eventid size (ne else or some other :	3 or more times a we	[] less than once a week	en medicine to help you	
	Ξ.				_		files for about				THE REAL PROCESSION	twice a week	Once or	use you	la stresses	aid to wake you	ek	One set of barries	u sleep?	
				C News []	[]	T J	White Politice	T. J. V.		[]	TOY SERVICE ACT.	times a week	Three or more		THE TOTAL ST.	up in the				

SLEEP ENVIRONMENT:

[] Check it but don't respond	[] Respond very quickly	When falling asleep, if you hear your phone notification go off, how do you usually respond?	[] In bed (near head) [] Far from bed but inside room	Where do you put your mobile phone when you go to bed?	Do you usually sleep with a light on in your bedroom?	Do you usually go to sleep with music, TV, etc on?	Do you usually share your bedroom with someone else when sleeping?	
[]	-	notification	bed but ins	you go to	bedroom?	tc on?	meone els	
l just carry on sleeping	Respond but slowly	on go off, how do you usua		bed?			e when sleeping?	
		ally respond?	[] In different room altogether		YES / NO	YES / NO	YES / NO	

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 or makes you feel anxious? [] 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.gmobile 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 selet as many as you'feel are relevant) [] Television [] Entertainment console (Xbox, PlayStation, etc.) GIRCADIAN RHYTHMI: [] Computer [] Entertainment console (Xbox, PlayStation, etc.) [] A lot [] A little [] A little [] Not at all [] A verage [] A lot [] A lot [] Heavilly affected your concentration, productivity or ability to stay awake? [] Not at all [] A little [] A little [] Not at all [] A little [] Not at all [] A little [] A lot	YES /	ou usua	Do y
er [] Few times each month [] Few times each week anxious when separated from your mobile phone or tablet? YES / you need to be accessible by phone/tablet all day (including the night)? YES / you need to be accessible by phone all the time is stressful or makes fous? If I will bit stressful [] Rather stressful or makes fous? ed to reduce your use of technology in the bedroom late at night? YES / wo at all successful? YES / NO / n/a that electronic devices (e.g mobile phone, computer, TV, Xbox, etc.) affects your sle tyour best? (please select as many as you feel are relevant) VISS / NO / n/a THATTHM: RHYTHM: RHYTHM: I A little [] A litt	YES /	ou usua	Do v
er [] Few times each month [] Few times each week anxious when separated from your mobile phone or tablet? VES / you need to be accessible by phone/tablet all day (including the night)? VES / you need to be accessible by phone all the time is stressful or makes fous? If J Ititle bit stressful [] Rather stressful or makes at all stressful [] N/a ed to reduce your use of technology in the bedroom late at night? YES / ou at all successful? YES / NO / n/a that electronic devices (e.g. mobile phone, computer, TV, Xbox, etc.) affects your sle YES / NO you feel is stopping you from getting the ideal amount of sleep that you need tyour best? (please select as many as you feel are relevant) vision [] Mobile phone [] Digital tablet pluter [] Entertainment console (Xbox, PlayStation, etc) VOU say your quality of sleep has affected your mood, energy levels or relationships? You say your quality of sleep has affected your concentration, productivity or ability to at all [] A little [] A little [] A verage [] Heavily affected [] A little [] A verage [] A little [] A		A lot	
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er [] Few times each month [] Few times each week anxious when separated from your mobile phone or tablet? VES / you need to be accessible by phone/tablet all day (including the night)? VES / you need to be accessible by phone/tablet all day (including the night)? VES / find that feeling you have to be accessible by phone all the time is stressful or makes fous? at all stressed [] Little bit stressful [] Rather stressful or makes fous? at all stressed [] Little bit stressful [] Rather stressful or makes fous? VES / NO / n/a ed to reduce your use of technology in the bedroom late at night? VES / ou at all successful? VES / NO / n/a that electronic devices (e.g. mobile phone, computer, TV, Xbox, etc.) affects your slee VES / NO VES / NO provided is stopping you from getting the ideal amount of sleep that you need it your best? (please select as many as you feel are relevant) Vision [] Mobile phone [] Digital tablet plutter [] All hittle Entertainment console (Xbox, PlayStation ,etc.) Vou say your quality of sleep has affected your concentration, productivity or ability to you say your quality of sleep has affected your concentration, productivity or ability to you say your quality of sleep has affected your concentration, productivity or ability to you say you have trouble getting to sleep? A little [] A little [] Average [] Aver		A lot	
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Never [] Few times each month []	YES /	ou feel	Do y
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[] pronounced morning active (i.e.- morning alert and evening tired) [] to some extent morning active [] 1-10 min from a night's sleep? [] before 21:00 [] a little unpleasant but no great problem [] very difficult - would lie awake for a long time [] No problem at all Please indicate when you are most 'active' either in the morning or in the evening. How long does it usually take you before you 'come to your senses' in the morning after waking up When do you <u>usually</u> begin to feel the first signs of tiredness and need for sleep? [] very difficult and unpleasant If you always had to get up at 06:00, what do you think it would be like to get up then? [] rather easy - would lie awake for a short time If you always had to go to bed at midnight, what do you think it would be like to fall asleep at that On a normal school day, when would you <u>prefer</u> 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 On a normal school day, when would you <u>prefer</u> 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 During the last month, how much of a problem has it been for you to keep up enough enthusiasm to Do you feel that your school performance may suffer because of sleepiness? YES / NO engaging in social activity? During the last month, how often have you had trouble staying awake in school, eating meals or How often do you feel drowsy or unrefreshed during the daytime (including lesson times)? Somewhat of a problem Once or twice a week [] 11 - 20 min [] 21:00-21:59 [] Less than once a week [] A little 3 or more times a week [] Only a very slight problem [] 21 - 40 min A very big problem [] 22:00-22:59 [] 23:00 or later [] easy - no problem at all [] rather difficult and unpleasant [] rather difficult - would lie awake for straight away [] easy - would fall asleep pretty much some time [] more than 40 min [] Average [] 08:30 or later

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

[] pronounced evening active