



Sleep Check !

For elementary (primary) school students





Check how well you sleep at night, and how often you are sleepy during the day !
 Please answer the questions about your sleep during the last week. If the last week has been different from usual for you, please answer about the week before that.

For fill-in-the-blank questions, write a number in the blank. For multiple choice questions, answer by putting a check in the circle (✓) that is right for you

Name: _____ Gender: Boy Girl

Age: _____ Grade in School: _____

Height: _____ cm  Weight: _____ kg 



1 What time do you go to bed?

On school nights: ____:____ PM AM
(weeknights)

On weekends: ____:____ PM AM

2 How long does it take until you fall asleep?

20 minutes or less
 40 minutes or less
 1 hour or less
 More than 1 hour

3 How many times do you wake up in the middle of the night?

About _____ times



4 What time do you get out of bed in the morning?

School days: ____:____ PM AM
 Weekends: ____:____ PM AM

10 I go to afterschool lessons, clubs, or sports practices _____ times per week.

At the latest, I get home at ____:____ PM.

5 How long do you usually sleep at night?

On school nights (weeknights):
 ____ hours and ____ minutes

On weekends:
 ____ hours and ____ minutes


9 How many days per week do you take a nap in the afternoon or evening?

____ days per week

What time do you start your nap? ____:____ PM

How long do you nap?
 _____ minutes

11 Who sleeps in the same room with you at night?
 (Check all answers that are true for you.)



I sleep by myself.
 My brother or sister
 My mom or dad
 My grandpa or grandma


6 At night:

I get enough sleep.
 I get almost enough sleep.
 I don't really get enough sleep.
 I don't get enough sleep at all.

12 Have you ever been told that your tonsils or adenoids are big?

Yes No

7 In the morning,



I wake up by myself.
 my alarm wakes me up.
 someone wakes me up.


8 How long does it take you to get out of bed after you wake up?

_____ minutes



Please turn to the next page.





Please answer **all of the questions** using these answer choices: **Always** (5 days per week - every day), **Sometimes** (2-4 days per week), **Occasionally** (1 day or less per week), or **Never**.

Pick one answer for each question, and put a check in the circle. 

Before going to sleep:



Always (5-7 days per week) **Sometimes** (2-4 days per week) **Occasionally** (1 day or less per week) **Never**




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|--|---|
| <p>1 I have a drink with caffeine within 3 hours before going to sleep.
Soda  Coffee  Tea  Energy drinks etc.</p> <p>2 I play video games, surf the internet, or send texts within one hour before going to sleep. </p> <p>3 I avoid going to bed even though it is time to go to sleep.</p> <p>4 I feel anxious, worried or afraid when it is time to go to sleep.</p> <p>5 I have trouble falling asleep when I am by myself.</p> <p>6 Before I fall asleep, my legs feel strange like I can't hold them still.</p> | <p>Always
<input type="radio"/></p> <p>Sometimes
<input type="radio"/></p> <p>Occasionally
<input type="radio"/></p> <p>Never
<input type="radio"/></p> <p>Always
<input type="radio"/></p> <p>Sometimes
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<input type="radio"/></p> <p>Occasionally
<input type="radio"/></p> <p>Never
<input type="radio"/></p> |
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While I am asleep: (Answer about things you have noticed yourself or things that other people tell you.)

- | | |
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| <p>7 People say that I snore.</p> <p>8 People say that my breath sounds like it is getting caught in my throat while I am sleeping.</p> <p>9 People say that I stop breathing while I sleep.</p> <p>10 People say that I toss and turn, or move around a lot while I am sleeping.</p> <p>11 I sweat a lot while I sleep.</p> <p>12 People say that I talk in my sleep.</p> <p>13 People say that I cry out in my sleep and wake up during the night.</p> <p>14 I have scary dreams, or cry out during nightmares.</p> <p>15 People say that I sleepwalk during the night.</p> <p>16 People say that my legs twitch while I sleep.</p> <p>17 I wet my bed at night.</p> <p>18 People say that I grind my teeth while I sleep.</p> | <p>Always
<input type="radio"/></p> <p>Sometimes
<input type="radio"/></p> <p>Occasionally
<input type="radio"/></p> <p>Never
<input type="radio"/></p> <p>Always
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<input type="radio"/></p> |
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In the morning and afternoon:



- | | |
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| <p>19 I sleep for a long time some nights, and a shorter time other nights.</p> <p>20 I feel tired or groggy when I wake up in the morning.</p> <p>21 I skip breakfast.</p> <p>22 I get sleepy during school. </p> <p>23 I fall asleep during school.  </p> <p>24 I fall asleep when I sit still, like when I'm watching TV or riding in the car.</p> | <p>Always
<input type="radio"/></p> <p>Sometimes
<input type="radio"/></p> <p>Occasionally
<input type="radio"/></p> <p>Never
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<input type="radio"/></p> <p>Sometimes
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