



Sleep Check !

(For junior high and (senior) high school students)

This sheet is designed to check how well you sleep at night, how often you are sleepy during the day, and how these sleeping patterns affect your daily life.

Please answer the questions about your sleep **during the last week**. If the last week has been unusual for you (i.e. busy exam or club activity schedule), please answer the questions with respect to the most recent typical week in your life.

For fill-in-the-blank questions, write a number in the blank. For multiple choice questions, put a check in the appropriate circle (✓).

Name: _____ Gender: Male Female

Age _____ Grade in School: _____

Height: _____ cm Weight _____ kg



1 What time do you go to bed?

On school nights: ____:____ PM AM
On weekends: ____:____ PM AM

2 How long does it take you to 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?
_____ times, on average

Night

Morning

Afternoon

Evening

Night



4 What time do you get out of bed?

On school days: ____:____ PM AM
(weeknights)
On 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 I take a nap in the afternoon or evening _____ times per week.

I start my nap at ____:____ PM
and sleep for _____ minutes.

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

- I sleep by myself.
 My brother or sister
 My mother or father
 My grandfather or grandmother etc.

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.

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 your alarm goes off or someone wakes you up?
_____ minutes

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

- Yes No

Please turn to the next page.

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

Choose one answer for each question, and put a check in the corresponding circle (✔).

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

Before going to sleep:

- | | Always
(5-7 days per week) | Sometimes
(2-4 days per week) | Occasionally
(1 day or less per week) | Never |
|--|-------------------------------|----------------------------------|--|-----------------------|
| 1 I drink a caffeinated beverage three hours or less before going to bed. (Soda, coffee, tea, energy drinks, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 I play video games, surf the internet, or send texts one hour or less before going to bed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 I avoid going to bed even though it is time to go to sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 I feel anxious or afraid when it is time to go to sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 I have trouble falling asleep when I am by myself. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Before I fall asleep, my legs feel uncomfortable like I can't hold them still. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During sleep: (Please answer about behavior you have noticed yourself or behavior pointed out by a friend or family member.)

- | | Always | Sometimes | Occasionally | Never |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 7 I snore. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 My breath sounds as if it is getting caught in my throat. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 I stop breathing while I sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 I toss and turn, or change positions often while I sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 I sweat excessively while I sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 I talk in my sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 I cry out in my sleep and wake up during the night. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 I have scary dreams, or cry out during nightmares. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 I sleepwalk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 My legs twitch while I sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 I urinate in my sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 I grind my teeth while I sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the morning and afternoon:

- | | Always | Sometimes | Occasionally | Never |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 19 The amount of sleep I get varies each night. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 I feel tired or groggy when I wake up in the morning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 I skip breakfast. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 I get sleepy during class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 I fall asleep during class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 I fall asleep if I sit still. (i.e. watching TV, riding in the car) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |