



# School Sleep Habits Survey



## INSTRUCTIONS

Please answer the questions on the following pages as accurately and honestly as you can. There are no right or wrong answers.

- When you mark a response, please be sure to mark it neatly.
- Darken the bubbles as completely as possible using a pencil.
- Avoid stray marks and treat forms gently.
- Do not spend too much time on any one answer. Your first impression is usually best.
- Answer each question in the order that it appears. Do not go back and check your answers.
- Place an X beside any item that YOU DO NOT UNDERSTAND or that DOES NOT APPLY TO YOU or for which you CANNOT GIVE A TRUTHFUL ANSWER.
- Be sure to complete BOTH SIDES of every page.

1. Today's Date:

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> April	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> May	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> June	<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> July	<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> Sept	<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

2. Birth Date:

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> April	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> May	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> June	<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> July	<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> Sept	<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

7. What is your age in years?

- |                          |                          |
|--------------------------|--------------------------|
| <input type="radio"/> 9  | <input type="radio"/> 15 |
| <input type="radio"/> 10 | <input type="radio"/> 16 |
| <input type="radio"/> 11 | <input type="radio"/> 17 |
| <input type="radio"/> 12 | <input type="radio"/> 18 |
| <input type="radio"/> 13 | <input type="radio"/> 19 |
| <input type="radio"/> 14 |                          |

8. What grade are you in?

- |                         |                         |                          |
|-------------------------|-------------------------|--------------------------|
| <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10 |
| <input type="radio"/> 5 | <input type="radio"/> 8 | <input type="radio"/> 11 |
| <input type="radio"/> 6 | <input type="radio"/> 9 | <input type="radio"/> 12 |

3. What time is it now? \_\_\_\_\_

- A.M.  
 P.M.

4. What is your sex?

- Male  
 Female

5. What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches

6. What is your weight? \_\_\_\_\_ pounds

**FOR OFFICE USE ONLY**

3	5	6
<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0
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<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9



DO NOT WRITE IN THIS AREA

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