

Sleep Habit Survey

How many days per week do you...	Days Per Week (0-7)
1. Get out of bed at different times than the day before (e.g., at least an hour earlier or later)?	
2. Stay indoors or in dim lights most of the day?	
3. Use the bed for activities other than sleep or sex (e.g., use phone or computer, watch TV, read, work, eat)?	
4. Sleep in different places during the night (for example, start on the couch and then move to bed)?	
5. Go to bed without unwinding or following a sleep routine?	
6. Engage in activating screentime right before bedtime?	
7. Have a heavy meal within 2 hours of bedtime?	
8. Drink more than 8 oz (one cup) within 2 hours of bedtime?	
9. Go to bed when you are <u>not</u> drowsy or sleepy (that is, even if you are feeling alert, awake, or just tired but not sleepy)?	
10. Lie awake in bed for more than 15 minutes at night?	
11. Check the time during the night?	
12. Nap longer than 30 minutes during the day?	
13. Sleep with lights on?	
14. Feel too hot or cold when in bed?	
15. Sleep with the TV or music on?	
16. Have disrupted sleep due to noises?	
17. Sleep with pet(s) in the bed?	
18. Use nicotine (cigarettes, vape, chew/dip) within 2 hours of bedtime?	
19. Drink alcohol within 2 hours of bedtime?	
20. Use cannabis/marijuana/CBD within 2 hours of bedtime?	
21. Use caffeine (coffee, tea, energy drinks, soda, “pre-work out”) within 10 hours of your bedtime?	
22. Check for safety around your home multiple times (e.g., check locks, check on loved ones, walk the perimeter)?	
23. Sleep with weapons in or near your bed?	
24. Worry/think about to-do list when trying to sleep?	
25. Not use a positive airway pressure (PAP) device for sleep apnea (if prescribed)?	NA

