



Sleep Survey

Name of Student: _____ Date: _____

| ITEM | RESPONSE |
|---|----------|
| 1. How many hours of sleep does your child usually get each night of the school week? | |
| 2. What time does your child usually go to bed on school nights? | |
| 3. What time does your child usually fall asleep on school nights? | |
| 4. What time does your child usually wake up for school? | |
| 5. Once your child falls asleep for the night, do they sleep through the night or is sleep interrupted? | |
| 6. Does your child wake up easily in the morning? | |
| 7. Do you struggle to get your child up on school mornings? | |
| 8. Does your child stay up late at night to do homework? | |
| 9. Does your child sleep in the afternoon after school? If yes, for how long do they sleep? | |
| 10. Does your child maintain the same sleep pattern on weekends or when school is closed for vacation? If "no," how is their sleep cycle different? | |
| 11. Does your child set an alarm clock and wake themselves up in the morning? | |

Use the back of this page, if needed, to let me know about any of your child's sleep problems that may affect their alertness or mood in school.