



Nine Steps To Healthy Lifestyle

Step 6 Assignment: Sleep Survey

There are many factors that can have positive or negative effects on your sleep - continue the survey to find out which affect you.

1. *Thinking about the last month....To what extent has your poor sleep troubled you in general?*

- a. not at all
- b. a little
- c. somewhat
- d. much
- e. veryMuch

2. *Thinking about the last month....Have you had any of the following problems with your sleep? (Select all that apply)*

- a. difficulty getting to sleep
- b. waking up in the middle of the night
- c. waking up too early
- d. feeling tired and unrested int he morning
- e. None of the above

3. *How many night a week do you have a problem with your sleep?*

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7

4. *How likely is it that you would fall asleep during the daytime without intending to, or that you would struggle to stay awake while you were doing things?*

- a. no chance
- b. slight chance
- c. moderate chance
- d. high chance

5. *How long have you had a problem with your sleep?*

- a. I do not have a problem
- b. less than one month
- c. one to two months
- d. three to six months
- e. seven to twelve months
- f. one to two years
- g. three to five years
- h. six to ten years
- i. more than 11 years

6. *Did you sleep well as a child?*

- a. Yes
- b. No

7. *Is your current mattress comfortable?*

8. *Do you wake up with pain?*

9. *Do you feel rested?*

10. *What do you want to change about your sleeping environment?*

11. *What would you like to change about your sleep pattern?*

12. *Do you eat or drink too close to your bedtime?*

There are many factors that can have positive or negative effects on your sleep - continue the survey to find out which affect you.

Sleep Schedule Questions/Patterns:

1. One hears about “morning” and “evening” types of people. Which ONE of these types do you consider yourself to be?

definitely morning person
more morning than evening
neither type
more evening than morning
definitely evening type

2, Current employment status:

employed full time
employed part time
unemployed
retired
student
volunteer
work at home: be in business or taking care of family

3. Do you perform shift work, or night work?

Yes
No

4. Thinking about the past month....What time do you normally get into bed?

5. Thinking about the past month.... What time do you normally turn off the lights and/or electronics/TV/radio?

6. Thinking about the past month....How long does it normally take you to fall asleep?

7. Thinking about the past month...If you then wake up during the night, how long are you awake for in total? Add all the awakenings up:

8. *Thinking about the past month...What time do you normally wake up for the last time?*

9. *Thinking about the past month...What time do you actually get out of bed?*

10. *Thinking about the past month... If your final wake up time occurs before you intend to wake up, how much earlier is this?*

11. *Thinking about the past month... On a typical day, how long do you nap for in total?*

- a. I do not take naps
- b. 0-15 minutes
- c. 16-30 minutes
- d. Longer than 30 minutes

12. *Thinking about the past month...How would you rate your sleep quality?*

Very good
Good
Average
Poor Very Poor

13. *In a typical week how many 'work days' do you have? These are days when you have work or other commitments ('work days') compared to weekends or rest days ('days off')*

14. *Do you use an alarm clock to wake up?*

Yes
No
Rarely
Sometimes

15. *If you know that you have a day off the next day, do you go to sleep at a different time?* _____

16. *Do you wake up at a different time on a day off?*

17. *On a work day, how much time do you typically spend outdoors in daylight?*

18. *On a day off, how much time do you typically spend outdoors in daylight?*

It's a good idea to only go to bed when you feel sleepy, and get up if you find yourself awake for longer than quarter of an hour. By reducing the time in bed you spend awake you can improve your 'sleep efficiency', and as a result your sleep quality.

Lifestyle Sleep Pattern:

Smoking, being overweight, consuming alcohol and caffeinated drinks can all reduce your sleep quality whereas regular exercise will generally improve it.

1. Are you living with someone in your household as a couple?

2. Do you have children who live with you?

3. How old are your children?

4. What is your weight?

5. What is your height?

6. Do you consider yourself to be overweight?

7. Thinking about the last 2 weeks, how often do you...Smoke cigarettes, cigars or a pipe?

8. Thinking about the last 2 weeks, how often do you...Consume alcohol?

*9. Thinking about the last 2 weeks, how often do you...Consume caffeinated drinks?
Includes tea, coffee, caffeinated fizzy drinks.*

10. *Thinking about the last 2 weeks, how often do you... Exercise for 30 minutes, or more?*

- Never
- One to two times
- Two to Four times
- Five to seven times
- More than seven times

11. *Also thinking about the last two weeks, about how many... Hours a day do you typically spend moving around on your feet? Include moving around on your feet during work-related activities, household activities, walking and running*

- less than 1 hour
- 1 to 3 hours
- 3 to 5 hours
- 5 to 7 hours
- 7 or more hours

12. *Also thinking about the last two weeks, about how many...Flights of stairs do you typically climb UP each day? (Let 10 steps = 1 flight)*

- None
- 1-4 flights
- 5 - 8 flights
- 9 - 12 flights
- More than 12 flights

13. *Also thinking about the last two weeks, about how many...Hours a day do you typically spend sitting? Include sitting at work/ home, watching TV, on the computer, eating meals etc.*

- 12 or more hours
- 8 to 11 hours
- 6 to 8 hours
- 3 to six hours
- Less than three hours

14. Just before you go to bed, which of the following activities do you usually do?

Please select all that apply

Check emails

Check social media

Watch TV

Read

Drink alcohol

Smoke

Eat

None of the above

15. If you wake up during the night, which of the following activities do you usually do?

Please select all that apply

Check emails

Check social media

Watch TV

Read

Drink alcohol

Smoke

Eat

None of the above

Discover your thoughts pattern:

Thoughts and mood can interfere with your sleep. A bad night's sleep often makes you feel irritable the next day, but it also works the other way around - feeling low can increase your risk of future sleep problems.

1. All things considered, how satisfied are you with your life as a whole these days? Zero is extremely dissatisfied and Ten being extremely satisfied

2. Over the last two weeks I've been...Feeling optimistic about the future

None of the time
Rarely
Some of the time
Often
All of the time

3. Over the last two weeks I've been...Feeling useful

None of the time
Rarely
Some of the time
Often
All of the time

4. Over the last two weeks I've been...Feeling relaxed

None of the time
Rarely
Some of the time
Often
All of the time

5. Over the last two weeks I've been...Dealing with problems well

*None of the time
Rarely
Some of the time
Often
All of the time*

6. Over the last two weeks I've been...Thinking clearly

None of the time
Rarely
Some of the time
Often
All of the time

7. Over the last two weeks I've been...Feeling close to other people

None of the time
Rarely
Some of the time
Often
All of the time

8. Over the last two weeks I've been...Able to make up my own mind about things

None of the time
Rarely
Some of the time
Often
All of the time

9. Over the last two weeks, I have felt...Little interest or pleasure in doing things

None of the time
Rarely
Some of the time
Often
All of the time

10. Over the last 2 weeks, I have felt...Down, depressed or hopeless

None of the time
Rarely
Some of the time
Often
All of the time

11. Over the last 2 weeks, I have felt...Nervous, anxious or on edge

None of the time
Rarely
Some of the time
Often
All of the time

12. Over the last 2 weeks, I have felt...Unable to stop or control worrying

None of the time
Rarely
Some of the time
Often
All of the time

Health Pattern:

Discover your health pattern: Your health can interfere with your sleep. Sleep and physical health have a two-way relationship. Ill-health can make it hard to sleep but poor sleep can also increase your risks of future illness. Please see your doctor if you have any concerns about your health.

1. For my age I believe that my physical health is...

*Very poor
Poor
Average
Good
Very Good*

2. Does your health reduce your ability to carry out day-to-day activities?

*Yes
No*

3. Have you ever been diagnosed with any of the following conditions?

Please select all that apply

*Heart Disease
Diabetes
Stroke
Cancer
Neurological problems
Arthritis or joint problems
Respiratory conditions
Digestive disorders
Depression or anxiety
Insomnia
sleep apnea
Hormonal problems
Headaches/Migraines
None of the above*

4. *Have you ever asked your doctor for advice about how to improve your sleep?*

Yes

No

5. *Do you take sleeping pills prescribed by your doctor?*

Yes

No

6. *Do you take any non-prescription sleep remedies?*

Yes

No

7. *In the last 12 months have you...Ever fallen asleep while driving without having an accident?*

No

Yes

8. *In the last 12 months have you... Had any accidents at work, at home or while driving, which could have been related to your sleepiness?*

No

Yes, at work

Yes, at home

Yes, while driving

9. *Thinking about the past month, to what extent has poor sleep affected your...Energy?*

Not at all

A little

Somewhat

Much

Very much

10. Thinking about the past month, to what extent has poor sleep affected your...

Relationships?

Not at all
A little
Somewhat
Much
Very much

11. Thinking about the past month, to what extent has poor sleep affected your...Ability
to stay awake during the day?

Not at all
A little
Somewhat
Much
Very much

12. Thinking about the past month, to what extent has poor sleep affected your...

Concentration?

Not at all
A little
Somewhat
Much
Very much

13. Thinking about the past month, to what extent has poor sleep affected your...Ability
to get through your work?

Not at all
A little
Somewhat
Much
Very much

14. Thinking about the past month, to what extent has poor sleep affected your...Mood?

Not at all
A little
Somewhat
Much
Very much

15. Thinking about the past month, to what extent has poor sleep affected your...
Physical health?

Not at all
A little
Somewhat
Much
Very much

16. Over the last 7 days how many hours did you...

Miss from your work because of problems associated with your sleep?
(include hours you missed on sick days, times you went in late, left early, etc)
Enter the total number of hours_____

17. Over the last 7 days how many hours did you...Actually work?

Enter the total number of hours_____

18. Over the last 7 days, how much did poor sleep affect... Your productivity while you
were working?

Sleep had no effect is a 0
Sleep prevented me from working 10
Anywhere in between 0 - 10
Rate yourself_____

19. Over the last 7 days, how much did poor sleep affect... Your ability to do your regular
daily activities, other than a job?

Sleep had no effect is a 0
Sleep prevented me from working 10
Anywhere in between 0 - 10
Rate yourself_____

CONGRATULATIONS

on completing your Sleep Survey and learning about your sleep patterns.