

Sleep Survey

Name of Student: _____ Date: _____

Instructions: This form is to be completed by the parent or guardian. Please return this to me by: _____

ITEM	RESPONSE
How many hours of sleep does your child usually get each night of the school week?	
What time does your child usually go to bed on school nights?	
What time does your child usually fall asleep on school nights?	
What time does your child usually wake up for school?	
Once your child falls asleep for the night, does he sleep through the night or is sleep interrupted?	
Does your child wake up easily in the morning?	
Do you struggle to get your child up on school mornings?	
Does your child stay up late at night to do homework?	
Does your child sleep in the afternoon after school? If yes, how long does he sleep?	
Does your child maintain the same sleep pattern on weekends or when school is closed for vacation? If no, how is his sleep cycle different?	
Does your child set an alarm clock and wake himself 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 his alertness or mood in school.