

Sleep Hygiene Survey

Do you.....

On average, how many days
out of the week?

1. Drink any caffeine after noon (coffee, tea, energy drinks, "pre-work out") Yes No _____ out of 7 days
2. Use nicotine before bedtime (smoke cigarettes, vape, "chew") Yes No _____ out of 7 days
3. Drink alcohol at night? Yes No _____ out of 7 days
4. Exercise within 3 hours of trying to sleep? Yes No _____ out of 7 days
5. Ever get up at night to check the perimeter of your home, locks, doors, the safety of loved ones? Yes No _____ out of 7 days
6. Have any of the following in your room while trying to sleep: Too hot or too cold bedroom, sleep with a TV or music on, a light on, sleep with a pet in the bed, alarm clock facing you at night? Yes No _____ out of 7 days
7. Get up in the middle of night and eat? Yes No _____ out of 7 days
8. Drink more than 8 oz of fluid within 2-3 hours of bedtime? Yes No _____ out of 7 days