

Sleep Checklist for Students

Sleep Checklist for Students

Please respond to the following statements according to what you do daily.

| At Home | Never | Sometimes | Almost Always |
|---|--------------|------------------|----------------------|
| I do not eat or drink for several hours before bedtime. | | | |
| I go to bed at the same time each night. | | | |
| I limit light exposure during sleep. | | | |
| I do not use technology immediately before or during time designed for sleep. | | | |
| I have difficulty falling asleep. | | | |
| I get the recommended number of hours of sleep nightly. <ul style="list-style-type: none"> • Ages six to twelve (nine to twelve hours recommended) • Ages thirteen to eighteen (eight to ten hours recommended) | | | |
| I wake up at the same time each morning (even on weekends). | | | |
| I wake up each morning on my own without being awakened. | | | |
| At School | Never | Sometimes | Almost Always |
| I feel sleepy during my morning classes. | | | |
| I feel sleepy during my afternoon classes. | | | |
| I feel alert during all of my classes. | | | |
| I go through the entire school day without feeling tired. | | | |
| I can recall much of what I learned the previous day. | | | |

Goals I have set to improve my sleep habits:

1.

2.

3.

4.