



BNF Healthy Eating Week Sleep Survey (Secondary school pupils)

We want to know about your bedtime routine and how you slept on one night between Monday 13 May and Thursday 16 May 2019.

To help us collect this information, please complete this survey on any date from Tuesday 14 May until Friday 17 May and tell us about your bedtime routine and sleep the night before.

All survey responses collected will be anonymous.

Thank you for getting involved!



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* 1. Do any of these apply to you?

- I have a diagnosed sleeping disorder
- I take medication to help me sleep
- I am fasting for Ramadan
- No, none of these apply to me



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* 2. Did you brush your teeth before bed last night?

- Yes
- No

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* 3. How many hours were you asleep last night (to the nearest hour)?

- | | |
|---|---------------------------------|
| <input type="radio"/> Less than 4 hours | <input type="radio"/> 8 hours |
| <input type="radio"/> 4 hours | <input type="radio"/> 9 hours |
| <input type="radio"/> 5 hours | <input type="radio"/> 10 hours |
| <input type="radio"/> 6 hours | <input type="radio"/> 10+ hours |
| <input type="radio"/> 7 hours | |

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* 4. How long before going to bed did you have something to drink?

- Less than 30 mins
- 30 mins to 1 hour
- 1–2 hours
- 2+ hours

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* 5. What did you have to drink?

- | | |
|--|---|
| <input type="radio"/> Coffee | <input type="radio"/> Milk / dairy-free milk alternative |
| <input type="radio"/> Coffee (decaffeinated) | <input type="radio"/> Soft drink (sugar-sweetened) |
| <input type="radio"/> Energy drink | <input type="radio"/> Soft drink (sugar-free or no added sugar) |
| <input type="radio"/> Flavoured milk / milkshake | <input type="radio"/> Tea |
| <input type="radio"/> Herbal tea | <input type="radio"/> Tea (decaffeinated) |
| <input type="radio"/> Hot chocolate | <input type="radio"/> Water |
| <input type="radio"/> Hot malted drink | <input type="radio"/> 100% fruit/vegetable juice or smoothie |
| <input type="radio"/> Other (please specify) | |



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* 6. Did you do any of the following in your bedroom just before you went to sleep?

- | | |
|---|---|
| <input type="radio"/> Read a book/magazine | <input type="radio"/> Played a game on a mobile phone or computer |
| <input type="radio"/> Listen to music, a podcast or an audio book | <input type="radio"/> Used social media, including messaging |
| <input type="radio"/> Watched a programme or film | <input type="radio"/> Used the internet (not social media) |
| <input type="radio"/> Talked on the phone | <input type="radio"/> No, none of these |



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* 7. How long do you think it took for you to fall asleep?

- | | |
|--|------------------------------------|
| <input type="radio"/> Less than 5 mins | <input type="radio"/> 20-40 mins |
| <input type="radio"/> 5-10 mins | <input type="radio"/> 40-60 mins |
| <input type="radio"/> 10-20 mins | <input type="radio"/> Over 60 mins |

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* 8. How much do you agree with the following statement: 'I slept well last night'?

- | | |
|---|--------------------------------------|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree or disagree | |

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* 9. How many times do you think you woke up in the night?

- | | |
|---------------------------|----------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3+ |
| <input type="radio"/> 1-2 | <input type="radio"/> Don't know |
| <input type="radio"/> 2-3 | |

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* 10. How long did it take you to get out of bed after your alarm went off/you woke up?

- | | |
|--|---|
| <input type="radio"/> Less than 5 mins | <input type="radio"/> 20-40 mins |
| <input type="radio"/> 5-10 mins | <input type="radio"/> More than 40 mins |
| <input type="radio"/> 10-20 mins | |

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* 11. How much do you agree with the following statement: 'I felt well-rested when I woke up today'?

- Strongly disagree Agree
- Disagree Strongly agree
- Neither agree or disagree

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* 12. Did you brush your teeth this morning?

- Yes
- No

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* 13. Did you have a drink before starting school?

- Yes
- No

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* 14. What did you have to drink?

- | | |
|--|---|
| <input type="radio"/> Coffee | <input type="radio"/> Milk / dairy-free milk alternative |
| <input type="radio"/> Coffee (decaffeinated) | <input type="radio"/> Soft drink (sugar sweetened) |
| <input type="radio"/> Energy drink | <input type="radio"/> Soft drink (sugar-free or no added sugar) |
| <input type="radio"/> Flavoured milk / milkshake | <input type="radio"/> Tea |
| <input type="radio"/> Herbal tea | <input type="radio"/> Tea (decaffeinated) |
| <input type="radio"/> Hot chocolate | <input type="radio"/> Water |
| <input type="radio"/> Hot malted drink | <input type="radio"/> 100% fruit/vegetable juice or smoothie |
| <input type="radio"/> Other (please specify) | |

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* 15. Did you eat anything before starting school?

- Yes
- No

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* 16. Did you have any of these? (Tick all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Bacon/Sausages/Burger | <input type="checkbox"/> Sweets |
| <input type="checkbox"/> Baked beans | <input type="checkbox"/> Crisps |
| <input type="checkbox"/> Biscuits | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Bread product (e.g. toast, sandwich, bagel, English muffin, crumpet) | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Breakfast cereal or porridge | <input type="checkbox"/> Breakfast pastry (e.g. croissant, pain au chocolate, Danish pastry, cinnamon roll) |
| <input type="checkbox"/> Cake | <input type="checkbox"/> Potato product (e.g. waffle/hash brown/chips) |
| <input type="checkbox"/> Cereal bar | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Cheese (e.g. soft cheese, Cheddar) | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Chocolate | |
| <input type="checkbox"/> Other (please specify) | |