Questionnaire

1. How often you sleep at night?

a) Less than 2 hours b) 2-4 hours c) 5- 7 hours d) 8 or above

1. You face difficulty when you sleep for less than 8 hours?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you experience mood swings?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you experience eating disorders?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you face difficulty in memorizing things?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you desire to sleep in the morning?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you lack concentration in the classroom during lectures?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you feel sleepy during lectures?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you feel stressed or anxious?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you feel that you are lacking energy?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Are you distracted when the teacher calls your name during the lecture?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you get agitated on little things?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you face difficulty to participate in classroom activities?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you experience a headache?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you experience backache?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you take longer to recall what the teacher taught?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you think that you are slow during classroom reading?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you take caffeine for staying awake in the morning?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you take energy drinks for staying awake in the morning?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you get tired of school?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Are you lost during lectures?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you feel that you are underperforming at school?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you feel the need of visiting a psychologist?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you feel the need of tranquilizers or relaxants?

a) Never b) Rarely c) Sometimes d) Often e) Very often

1. Do you complain about sleeplessness/ insomnia?

a) Never b) Rarely c) Sometimes d) Often e) Very often