(A) Personal Information:

1. i. Date (dd/mm/yyyy): _____/_____/_____
2. i. Date of Birth (dd/mm/yyyy): _____/_____/_____
3. i. Place of Residence:_____ii. □ Urban □ Suburban □ Rural
4. i. Sex: □ Male □ Female ii. Ethnicity:_____ iii. Religion:_____
5. i. Current body height: _____cm ii. Current body weight: _____kg (1 kg = 2.2lb)
6. i. Grade: _____ ii. School start time: ____hh___mm iii. School end time: ____hh___mm
7. i. Number of siblings:_____ ii Number of people in your household:_____
8. Living status: (can "☑" more than one)

   1□ Living with parents 2□ Living with father only 3□ Living with mother only

   4□ Living with relatives 5□ Others: _____

Note:
Q4ii/iii 'Ethnicity' and 'Religion': Please provide the ethnic and religious classifications as officially used in your country as multiple-choice options. For scoring purposes, please indicate whether each category is considered an ethnic minority.

Q6i 'Grade' is to be adapted for the various local contexts.
Education systems differ in different countries (e.g., US versus UK system). Researchers should amend the field based on the education scheme in the local country.

(B) Sleep patterns in the recent 1 month:

9. Do you sleep in your **own room**?
   1□ Yes 0 □ No (with_____)
10. Do you sleep in your **own bed**?
    1□ Yes 0□ No (with_____)
11. a.i. When do you usually **go to bed** during **weekdays**? _____hr_____min

    ii. When do you usually **get up** during **weekdays**? _____hr_____min

    b.i. When do you usually **go to bed** during **weekends**? _____hr_____min

    ii. When do you usually **get up** during **weekends**? _____hr_____min

    c.i. When do you usually **go to bed** during **long school holidays**? _____hr_____min

    ii. When do you usually **get up** during **long school holidays**? _____hr_____min

    (Please use 24-hour format, and hour as a number from 0 to 23. Example conversions, 11:30 pm=23hr 30 min, 8 am= 08 hr 00 min, 12:30 am = 00 hr 30 min)
12. How long did it normally **take for you to fall asleep**?
    1□ less than 10 min 2□ 11 to 30 min 3□ 31 to 60 min 4□ more than 60 min
13. a. Do you think you have **enough sleep**? 1□ Enough 0 □ Not enough
    b. How many hours of sleep **do you think you need**? _____Hours__mins

14. "How many days do you drink caffeinated beverage per week (e.g., tea, coffee, Coke, energy drinks, Red bull) to help you stay awake?"
    - ☐ "Never"
    - ☐ "1 or 2 days"
    - ☐ "3 or 4 days"
    - ☐ "5 or 6 days"
    - ☐ "Every day"

15. For each question below, please check the appropriate box that best describes your sleep habits for the **past month**. If you are not sure about your situation, please ask other family members.

	Never	<1 time /month	1-2 times/ month	1-2 times /week	3 times or more/week
a. Difficulty falling asleep					
b. Difficulty staying asleep					
c. Waking up too early in the morning					
d. Had night sweating					
e. Had breathing difficulties during sleep					
f. Had nightmares					
g. Stopped breathing during sleep for at least a few seconds					
h. Teeth grinding					
i. Bedwetting during sleep (enuresis)					
j. Sleepwalking					
k. Snoring					
l. Feel unrefreshed upon waking up in the morning					
m. Feel tired/sleepy during the day					

16. Napping
    a. Do you nap during the day?

    0 □ No (Go to Q17) 1 □ 1 to 2 days per week

    2 □ 3 to 6 days per week 3 □ Daily

    b. Are your naps mostly involuntary or planned?

    1 □ Involuntary 2 □ Planned

    c. How long is your nap?

    1 □ less than 15 min 2 □ 16 to 30 min 3 □ 31 to 60 min

    4 □ 61 to 120 min 5 □ more than 120 min (about:_____min)

17. Are you a **morning- or evening-type person** (select the option that fits you best)?
    1□ I am very alert/active in the morning and sleepy early in the evening (definitively morning person)
    2□ I am to some extent alert in the morning and sleepy in the evening (more morning than evening person)
    3□ Neither morning nor evening person
    4□ I am to some extent alert in the evening and sleepy in the morning (more evening than morning person)
    5□ I am very alert/active in the evening and sleepy in the morning (definitively evening person)

18. Below are some aspects of life that can prevent us from getting good sleep. Please select **all** that impact your sleep.
    a) Sleeping environment
        i) Uncomfortable temperature (too hot or too cold)
        ii) Noise (from outside or inside the bedroom)
        iii) Brightness of light (from outside or inside the bedroom)
        iv) Uncomfortable bed
        v) Disturbed by co-sleeper
        vi) Disturbed by roommate
    b) Activities
        i) Social activities (in person: e.g., socialising with friends)
        ii) Social activities (virtual: e.g., online chat, messaging)
        iii) Entertainment (in person: e.g., reading for pleasure)
        iv) Entertainment (virtual: e.g., gaming, watching TV/videos, web browsing)
        v) Long commute
    c) Study load
        i) Emotional
        ii) Academic worries
        iii) Family worries
        iv) Financial stress
        v) Interpersonal stress

Note: Q18 is to be adapted for the various local contexts.
Where relevant, please provide additional categories for Q18 relevant to your local context. The initiating centers will compile all feedback and construct the most complete list for final use.

Note: Q19 (next page) Items a & b are taken from General Anxiety Disorders-7 (GAD-7), items c & d are taken from the Patient Health Questionnaire-9 (PHQ-9).
Q20 is taken from the Perceived Stress Scale (PSS)

For translation purposes: if a validated version of the GAD-7, PHQ-9, and PSS exists in your language, the translated items can be taken from there for your finalized/translated survey.

(C) Mental well-being

19. **During the past 2 weeks**, how often were you bothered by the following problems?

a. Feeling nervous, anxious or on edge	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
b. Not being able to stop or control worrying	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
c. Feeling down, depressed, or hopeless	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
d. Little interest or pleasure in doing things	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

20. The questions in this scale ask you about your feelings and thoughts during **THE LAST MONTH**. In each case, please indicate your response by placing an "X" in the square representing HOW OFTEN you felt or thought a certain way.

Item	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?					
In the last month, how often have you felt confident about your ability to handle your personal problems?					
In the last month, how often have you felt that things were going your way?					
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

21. Over the recent 1 month, how is your health?

1□ Very poor 2□ Poor 3□ Fair 4□ Good 5□ Excellent

(D) Lifestyle factors

22. Beliefs and attitudes towards sleep

The following sentences reflect people's attitudes and beliefs about sleep. Please indicate how much you agree or disagree with each sentence. There are no right or wrong answers. For each statement, place an 'X' in the square that represents your personal opinion. Even if some sentences are not very relevant to your situation, please answer all questions.

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My parents set a bedtime for me					
My parents will urge me to go to sleep on time					
My parents are worried if I don't get enough sleep.					
My parents think I am lazy if I sleep too much					
My parents think finishing my homework is more important than sleep					
My parents encourage me to stay up late for social/family activities rather than to sleep					

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My friends encourage me to stay out late for social activities					
My friends encourage me to stay up late to study					
My friends often brag about how little they sleep					

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I believe sacrificing sleep to get more work/study done is necessary					
I believe sacrificing sleep for social activities is worth it					
I believe sleeping well helps my productivity					
I believe sleeping well improves my social life					
If I sleep early, I will miss out on desired social interactions that happen at night					

Part 2: Use of electronic devices

23. In the past month, have you used electronic devices with a screen (television, cell/smartphone, computer and tablet) in bed or within 1 hour of going to bed?

☐ Not in the past month
☐ Less than once a week
☐ Once or twice a week
☐ Three or four times a week
☐ Five or six time s a week
☐ Every day

24. In the past month, how many hours on average did you use electronic devices with a screen (television, cell/smartphone, computer and tablet) between 6:00 pm and your usual bedtime?

☐ No screen time in the evening
☐ Less than 1 hour per evening
☐ Between 1 and 2 hours per evening
☐ Between 2 and 3 hours per evening
☐ Between 3 and 4 hours per evening
☐ More than 4 hours per evening

25. How long before your bedtime do you usually turn off your electronic screen devices?

☐ I use them in bed
☐ Less than 1 hour
☐ 1 to 2 hours
☐ 2 to 3 hours
☐ 3 hours or more
☐ I don't use electronic devices with a screen

26. How often does your parent/guardian impose a curfew on electronic device usage before bedtime?

☐ "Never"
☐ "1 or 2 days"
☐ "3 or 4 days"
☐ "5 or 6 days"
☐ "Every day"

27. How much time do you usually spend on each of the following activities per day?

	Weekday	**Weekend**		**Weekday**	**Weekend**
Homework	___hours__mins	___hours__mins	Transportation to school	___hours__mins	___hours__mins
Electronic device for homework/study	___hours__mins	___hours__mins	Exercise (e.g., running, swimming, basketball etc)	___hours__mins	___hours__mins
Electronic device for leisure	___hours__mins	___hours__mins	Extracurricular activities: (e.g., piano, drawing, dance & etc)	___hours__mins	___hours__mins
Private tuition outside school	___hours__mins	___hours__mins			

Note: Q27 is to be adapted for the local context.
Where relevant, please provide additional categories for Q27 relevant to your local context (e.g., part-time work, assisting with household chores/caregiving, farming).

Physical activity

30. In the **last 7 days**, were you involved in any of the following activities *such that they* ***made you sweat at least a little more than usual and breathe harder***? If yes, note down how much time you spent on average in these activities in the last 7 days, and select the time of day you engaged in them.

Activity		**If 'yes', how much time did you spend on average in this activity over the last 7 days?**	**If 'yes', what time on average did you engage in this activity (single choice)?**
Did you use active ways like walking or cycling to get to places such as (school, the bus stop, the shopping center, work) or to visit friends?	○ No ○ Yes	_____ hours _____ mins	○ 9AM – 2PM ○ 2PM – 6PM ○ 6PM – 11PM ○ 11PM – 4AM ○ 4AM – 9AM
Did you do sports, fitness or recreational physical activities while at school, e.g., during physical education classes, during your breaks and any other time you played indoors or outdoors?	○ No ○ Yes	_____ hours _____ mins	○ 9AM – 2PM ○ 2PM – 6PM ○ 6PM – 11PM ○ 11PM – 4AM ○ 4AM – 9AM
Did you do physical activities in your non-school leisure time, including exercising, playing a sport or playing with your friends?	○ No ○ Yes	_____ hours _____ mins	○ 9AM – 2PM ○ 2PM – 6PM ○ 6PM – 11PM ○ 11PM – 4AM ○ 4AM – 9AM
Did you do any other physical activities you have not already reported, e.g., when helping your family with housework/chores, doing paid/unpaid work?	○ No ○ Yes	_____ hours _____ mins	○ 9AM – 2PM ○ 2PM – 6PM ○ 6PM – 11PM ○ 11PM – 4AM ○ 4AM – 9AM

(E) Socioeconomic status

28. What is the highest education level of your parents (or guardians)?

Mother/Female guardian:

1□ Never completed studies in primary / elementary school

2□ Completed primary / elementary school

3□ Completed Secondary 3 / Middle school Grades 6-8 / (GSCE 'O' level equivalent)

4□ Completed Secondary 5, 6, or 7 / High School Grade 9-12 / (GCSE 'A' level equivalent)

5□ Diploma, Higher Diploma, Associate Degree (post-secondary education)

6□ Bachelor's degree

7□ Master's degree or above

What is your mother/female guardian's employment status? □ Full time □ Part-time □ Not employed/not working

Father/Male guardian:

1□ Never completed studies in primary school / elementary school

2□ Completed primary school / elementary school

3□ Completed Secondary 3 / Middle school Grades 6-8 / (GSCE 'O' level equivalent)

4□ Completed Secondary 5, 6, or 7 / High School Grade 9-12 / (GCSE 'A' level equivalent)

5□ Diploma, Higher Diploma, Associate Degree (post-secondary education)

6□ Bachelor's degree

7□ Master's degree or above

What is your father/male guardian's employment status? □ Full time □ Part-time □ Not employed/not working

29. Country-specific questions

a. Housing type

1□ Public estate 2□ Home ownership scheme 3□ Private estate
4□ Temporary housing 5□ Village houses 6□ Others: __

b. Monthly family income:

1□ HK$5,000 or lower 2□ HK$5,001-10,000 3□ HK$10,001-15,000
4□ HK$15,001-20,000 5□ HK$20,001-60,000 6□ HK$60,001 or above

Note: Q28 is to be adapted for the local context.
Education systems differ in different countries (e.g., US versus UK system). Researchers should amend options based on the education scheme in the local country. Please ensure that the levels match the highest qualification of the given response options for cross-country comparison.

Note: Q29 is to be adapted for the local context.
(a) Researchers should amend 'Housing type' options according to housing schemes available in the local country.
(c) Researchers should amend 'Monthly family income' options according to income brackets relevant to the local country.