

# Munich ChronoType Questionnaire (MCTQ) for Children and Adolescents

## Instructions:

In this questionnaire, you report on your typical sleep behaviour over the past 4 weeks. We ask about school days and school-free days separately. Please respond to the questions according to your perception of a normal week that includes your usual school days and school-free days.

## Personal Data

Date:	_____
Name:	_____
eMail:	_____
Age:	_____ years
Sex:	female <input type="checkbox"/> male <input type="checkbox"/>
Height:	_____ cm
Weight:	_____ kg
Country:	_____
City:	_____
Postal Code:	_____

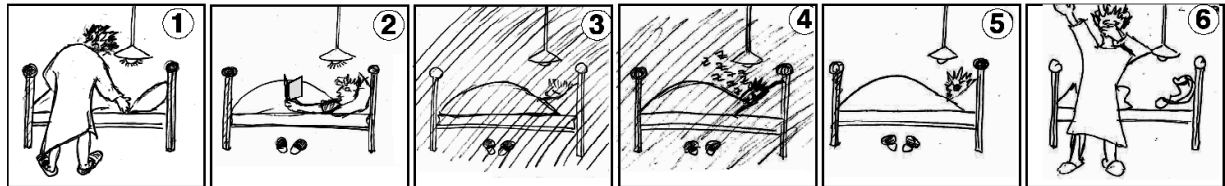
# MCTQ

I go to school on a regular basis

Yes  I go to school on 1  2  3  4  5  6  7  day(s) per week.

No

Is your answer "Yes, on 7 days" or "No", please consider if your sleep times may nonetheless differ between regular 'school days' and 'weekend days' and fill out the MCTQ in this respect.



Please use 24-hour time scale (e.g. 23:00 instead of 11:00 pm)!

## School Days

Image 1: I go to bed at \_\_\_\_\_ o'clock.

Image 2: Note that some people stay awake for some time when in bed!

Image 3: I actually get ready to fall asleep at \_\_\_\_\_ o'clock.

Image 4: I need \_\_\_\_\_ minutes to fall asleep.

Image 5: I wake up at \_\_\_\_\_ o'clock.

Image 6: After \_\_\_\_\_ minutes I get up.

I use an alarm clock on school days or my parents wake me up: Yes  No

If "Yes": I regularly wake up BEFORE the alarm rings: Yes  No

## Free Days

Image 1: I go to bed at \_\_\_\_\_ o'clock.

Image 2: Note that some people stay awake for some time when in bed!

Image 3: I actually get ready to fall asleep at \_\_\_\_\_ o'clock.

Image 4: I need \_\_\_\_\_ minutes to fall asleep.

Image 5: I wake up at \_\_\_\_\_ o'clock.

Image 6: After \_\_\_\_\_ minutes I get up.

My wake-up time (Image 5) is due to the use of an alarm clock or my parents waking me up:  
Yes  No

There are particular reasons why I cannot freely choose my sleep times on free days:

Yes  If "Yes": Familymembers/pet(s)  Hobbies  Others , for example: \_\_\_\_\_

No

## School Details

My usual school schedule ...

... starts at \_\_\_\_\_ o'clock.

... ends at \_\_\_\_\_ o'clock.

My school schedules are ...

... very flexible  ... a little flexible  ... rather inflexible  ... very inflexible

I travel to work ...

... within an enclosed vehicle (e.g. car, bus, underground).

... not within an enclosed vehicle (e.g. on foot, by bike).

I'm homeschooled

For the commute to school, I need \_\_\_ hours and \_\_\_ minutes.

For the commute from school, I need \_\_\_ hours and \_\_\_ minutes.

## Time Spent Outdoors

On average, I spend the following amount of time outdoors in daylight (without a roof above my head):

on school days: \_\_\_\_\_ hours \_\_\_\_\_ minutes

on free days: \_\_\_\_\_ hours \_\_\_\_\_ minutes

## Stimulants

Please give approximate/average amounts!

		per → day / week / month		
I smoke	_____ cigarettes ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ glasses of beer ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ glasses of wine ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ glasses of liquor/whiskey/gin etc. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ cups of coffee ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ cups of black tea ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink	_____ cans of caffeinated drinks (soft-drinks) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take sleep medication	_____ times ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>