

Time Preferences

Name: _____

Date: _____

Directions: Answer True or False to each of the following questions.

	True	False
1. I usually hate to get up in the morning.	<input type="checkbox"/>	<input type="checkbox"/>
2. I usually hate to go to sleep at night.	<input type="checkbox"/>	<input type="checkbox"/>
3. I wish I could sleep all morning.	<input type="checkbox"/>	<input type="checkbox"/>
4. I stay awake for a long time after I get into bed.	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel wide awake <u>only</u> after 10:00 in the morning.	<input type="checkbox"/>	<input type="checkbox"/>
6. If I stay up very late at night, I get too sleepy to remember anything.	<input type="checkbox"/>	<input type="checkbox"/>
7. I usually feel a "low" after lunch.	<input type="checkbox"/>	<input type="checkbox"/>
8. When I have to do a task requiring concentration, I like to get up early in the morning to do it.	<input type="checkbox"/>	<input type="checkbox"/>
9. When I can, I do my most concentration-requiring tasks in the afternoon.	<input type="checkbox"/>	<input type="checkbox"/>
10. I usually start the tasks that require the most concentration after dinner.	<input type="checkbox"/>	<input type="checkbox"/>
11. I could stay up all night.	<input type="checkbox"/>	<input type="checkbox"/>
12. I wish I didn't have to go to work before noon.	<input type="checkbox"/>	<input type="checkbox"/>
13. I wish I could stay home during the day and go to work at night.	<input type="checkbox"/>	<input type="checkbox"/>
14. I like going to work in the morning.	<input type="checkbox"/>	<input type="checkbox"/>
15. I can remember things best when I concentrate on them: (Answer all the questions A – F)		
A. in the morning	<input type="checkbox"/>	<input type="checkbox"/>
B. at lunchtime	<input type="checkbox"/>	<input type="checkbox"/>
C. in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>
D. before dinner	<input type="checkbox"/>	<input type="checkbox"/>
E. after dinner	<input type="checkbox"/>	<input type="checkbox"/>
F. late at night	<input type="checkbox"/>	<input type="checkbox"/>