

Questionnaire: Prevalence of Sedative Use Among Medical Students in Egypt

By completing this questionnaire, you consent to participate in the study. Your identity will remain anonymous, and responses are used solely for research purposes.

Demographic Data

1. Age:

2. Gender:

- Male
- Female

3. Academic Year:

- First
- Second
- Third
- Fourth
- Fifth
- Sixth
- Internship

4. Academic Grade Average:

- Excellent
- Very Good
- Good
- Pass
- Other: _____

5. Marital Status:

- Single
- Married

- Divorced
- Widowed
- Other: _____

6. Mother's Educational Level:

- Illiterate
- Secondary Education
- University Degree
- Postgraduate
- Other: _____

7. Father's Educational Level:

- Illiterate
- Secondary Education
- University Degree
- Postgraduate
- Other: _____

8. Monthly Family Income (in Egyptian pounds):

- 1,000 – 5,000
- 5,000 – 10,000
- 10,000 – 15,000
- 15,000 – 20,000
- More than 20,000

9. Number of family members (including yourself):

10. Living Arrangement:

- With family
- With friends
- Alone

- University dorms
- Other: _____

Lifestyle & Habits

11. Do you smoke (cigarettes, shisha, vape, etc.)?

- Yes
- No
- Occasionally
- Ex-smoker

12. Do you regularly engage in physical activity (defined as at least 21 minutes, 3 times per week)?

- Yes
- No

13. Do you use any stimulants (e.g., coffee, tea, soft drinks, energy drinks)?

- Yes
- No

(a) Outside exam periods:

- Always
- Sometimes
- Rarely
- Never

(b) During exam periods:

- Always
- Sometimes
- Rarely
- Never

14. How many hours per week do you spend studying on average?

15. Average hours of sleep per day:

- Less than 4
- 4–6
- 6–8
- 8–10
- More than 10

16. How long does it usually take you to fall asleep?

17. What is your sleep pattern?

- Night only
- Day and night

18. How would you rate your sleep quality:

- Excellent: 6–8 hrs, uninterrupted, deep
- Good: 5–6 hrs, wakes up once or twice
- Poor: less than 5 hrs, light, fragmented

19. Do you experience any of the following sleep disorders:

- Insomnia (difficulty initiating or maintaining sleep)
- Sleep apnea (airway obstruction during sleep)
- Restless leg syndrome
- Narcolepsy (sudden uncontrollable sleep episodes)
- None
- Other: _____

Sedative Use

20. Since joining medical school, have you ever used any sedative medications or sleep aids such as (zolam, Night Calm, antihistamines, etc.)?

- Yes
- No (If 'No,' you have completed the questionnaire.)

21. If yes, please specify the name of the medication:

22. How long have you used this medication?

- Occasionally
- Less than 1 year
- 1–2 years
- 2–3 years
- More than 3 years

23. When do you use this medication?

- Regularly
- Occasionally
- During exam periods
- At the beginning of the academic year

24. Was this medication prescribed by a doctor?

- Yes
- No

25. If yes, please state the reason for the prescription:

26. Do you feel dependent on this medication for sleep or emotional comfort?

- Yes, very much
- Yes, somewhat No

