

Please complete the questionnaire to tell us how your **LIFE** is currently affected by your **SLEEP** and how you would like to see it improve.

If you feel that your life is not affected by the way you sleep please tick here ☐

. Date:

PART 1: List Areas

In your own words, write down the 3 most important things that are affected because of your poor sleep.







Part 2: ranking

Now rank each box (1,2,3) based on how concerned you are by it i.e. **1** = the thing that concerns you most, **2**= the next area that concerns you most, and **3** = the final area that concerns you least out of the three.

PART 3: ratings

Now give each of these areas a score, depending upon how bothered you were by it, in the past **two weeks**. Place a vertical mark through the line (†) wherever your personal rating falls

Here is an example:

Very
bothered

Not
bothered

Very
bothered

Not
bothered

Very
bothered

Not
bothered

Very
bothered

Not
bothered

PART 4: Spend

Finally, imagine you had **\$100** to spend trying to get rid of these problems. Divide up your **\$100** any way you like. You can spread it around or spend it all on just one or two things. (Adapted to display CAD)