



Sleep

BASICS
QUESTIONNAIRE





DO YOU HAVE A HOME OR CONSISTENT PLACE TO SLEEP?

DO YOU HAVE YOUR OWN BED?

DO YOU SHARE YOUR BED? (EG. PARTNERS, KIDS, PETS)

IS THIS DISRUPTIVE TO YOU? OR COMFORTING?

WHAT IS THE AGE OF YOUR MATTRESS?

WHAT IS THE QUALITY OF YOUR MATTRESS?

ARE YOU ABLE TO CONTROL THE TEMPERATURE IN YOUR ROOM?

IS YOUR ROOM TOO HOT OR COLD?



DO YOU HAVE ANY SAFETY CONCERNS IN YOUR HOME?

DO YOU HAVE ANY CONCERNS OVER LOSING YOUR HOUSE? YOUR CURRENT BED?

IS YOUR BED/MATTRESS FREE FROM BED BUGS, URINE, OTHER STAINS/CONTAMINANTS?

ARE YOU ABLE TO WASH YOUR SHEETS ON A REGULAR BASIS? HOW OFTEN DO YOU USUALLY WASH YOUR SHEETS?

HOW DARK IS YOUR ROOM DURING SLEEP TIME?

WHAT NOISES (IF ANY) CAN YOU HEAR IN YOUR ROOM DURING SLEEP TIME?