

Well Rested System Survey

Gender_____ Phone Number_____ Email_____ Age_____

Circle the answer that best describes you.

1).How often do you get a full night's sleep?

- 1) Hardly ever.
- 2) Occasionally.
- 3) Sometimes.
- 4) Frequently.
- 5) Almost Always.

2).How often do you feel well rested?

- 1) Hardly ever.
- 2) Occasionally.
- 3) Sometimes.
- 4) Frequently.
- 5) Almost Always.

3).How often do you take prescription sleep aids?

- 1) Hardly ever.
- 2) Occasionally.
- 3) Sometimes.
- 4) Frequently.
- 5) Almost Always.

4).How often do you take over-the-counter sleep aids?

- 1) Hardly ever.
- 2) Occasionally.
- 3) Sometimes.
- 4) Frequently.
- 5) Almost Always.

5).Do you have a regular sleep cycle?

- 1) Hardly ever.
- 2) Occasionally.
- 3) Sometimes.
- 4) Frequently.
- 5) Almost Always.

6).Do you engage in a sleep routine?

- 1) Hardly ever.
- 2) Occasionally.
- 3) Sometimes.
- 4) Frequently.
- 5) Almost Always.

7).Do you know what sleep hygiene is?

- 1) Yes
- 2) Somewhat
- 3) No

8). Would you be interested in sampling the Well Rested Herbal Tea?

- 1) Yes
- 2) Somewhat
- 3) No

9). Would you be interested in learning more about the Well Rested System?

- 1) Yes
- 2) Somewhat
- 3) No