

Feedback Form

Please fill out the information below, together with a copy of the completed Sleep Questionnaire (minus the Background Information page), and post both items back to:

Research Department
Chailey Heritage Clinical Services
Beggars Wood Road
North Chailey
East Sussex
BN8 4JN.

Your feedback is essential for the development and validation of the Questionnaire.

Name and profession of the clinician completing the Sleep Questionnaire:

Why is the Questionnaire being completed?

- Clarify sleep disturbance and aid management
- Identify medical problems impacting on sleep
- Risk assessment tool before prescribing sleep system
- Repeat questionnaire to monitor progress
- Research purpose
- Other

Was the Questionnaire helpful and, if so, why?

What could be improved about the Questionnaire?

Any other comments?

Are you happy for us to contact you? yes no

If yes, please give contact details:

Thank you.