

Movement for Better Sleep Feedback Survey

Thank you for taking the steps towards moving your body towards better sleep. Please answer all the questions below as honestly as you can. Email me at any time with questions, comments, or concerns at Rayni@E-MOTIVEcounseling.com.

Take care and sleep well.

1. What is your gender identity?
 - Male
 - Female
 - Non Binary
 - Other

2. Which category below includes your age?
 - 17 or younger
 - 18-20
 - 21-29
 - 30-39
 - 40-49
 - 50-59
 - 60 or older

3. Are you White, Black or African-American, American Indian or Alaskan Native, Hispanic or Latino, Asian, Native Hawaiian or other Pacific islander, or other race?
 - White
 - Black or African-American
 - American Indian or Alaskan Native
 - Hispanic or Latino
 - Asian
 - Native Hawaiian or other Pacific islander
 - From multiples race
 - Other race not listed

4. What is the highest level of school you have completed or the highest degree you have received?
 - Less than high school diploma
 - High school diploma or equivalent (e.g., GED)
 - Some college but no degree
 - Associate degree
 - Bachelor degree

- Graduate degree
 - Doctorate degree
5. Do you have a diagnosed sleep disorder?
- Yes. Specify, what diagnosis:
 - Maybe, but not assessed or diagnosed.
 - No.
6. Do you have a psychiatric (mental health) disorder?
- Yes.
 - No.
7. Do you have a medical diagnosis that impacts your sleep?
- Yes.
 - No.
8. Do you have physical limitations or restrictions in your range of motion?
- No.
 - Yes. Please explain:
9. Do you practice good sleep hygiene? (For more information on sleep hygiene, visit: <https://www.sleepfoundation.org/sleep-hygiene>)
- Strongly agree
 - Agree
 - Somewhat agree
 - Disagree
 - Strongly disagree
10. What was your average sleep quality **prior to** using any of these movement practices?
- Poor
 - Fair
 - Good
 - Very good
 - Excellent
11. Did you track your movement practice, tension levels, and sleep quality using the *Movement/Tension/Sleep Tracker* form?
- Yes.
 - Sometimes.
 - No.
12. If you used the *Movement/Tension/Sleep Tracker* form, would you be willing to share a copy for the case study?
- Yes. (Please send digital copies to Rayni@E-MOTIVEcounseling.com.)

- No.
13. Which of the following movement practices did you use for at least 2 weeks? (Select all that apply. ***If you have not done at least one of the movement practices for 2 weeks, please back to this feedback form when you have.)
- Gentle Stretching (sitting version)
 - Gentle Stretching (standing version)
 - Movement Flow (sitting version)
 - Movement Flow (standing version)
 - Shake Out Tension (sitting version)
 - Shake Out Tension (standing version)
14. What movement practice did you prefer or like best?
- Gentle Stretching (sitting version)
 - Gentle Stretching (standing version)
 - Movement Flow (sitting version)
 - Movement Flow (standing version)
 - Shake Out Tension (sitting version)
 - Shake Out Tension (standing version)
15. What movement practice relieved the most body tension?
- Gentle Stretching (sitting version)
 - Gentle Stretching (standing version)
 - Movement Flow (sitting version)
 - Movement Flow (standing version)
 - Shake Out Tension (sitting version)
 - Shake Out Tension (standing version)
16. Did you notice any changes with your body tension **after** the movement practice?
- Yes. Comments:
 - No. Comments:
17. What was your average body tension level (0-5) **after** the movement practice? (Simple math: adding the tension level numbers then dividing by the number of days using the movement practice.)
- 0 - no tension
 - 1 - minimal tension
 - 2 - mild tension
 - 3 - moderate tension
 - 4 - moderately severe
 - 5 - severe tension
18. Did you notice any changes with your body tension **in the morning**?

- Yes. Comments:
- No. Comments:

19. What was your average body tension level (0-5) **in the morning**? (Simple math: adding the tension level numbers then dividing by the number of days using the movement practice.)

- 0 - no tension
- 1 - minimal tension
- 2 - mild tension
- 3 - moderate tension
- 4 - moderately severe
- 5 - severe tension

20. What movement practice had the greatest impact on sleep quality? (Choose one.)

- Gentle Stretching (sitting version)
- Gentle Stretching (standing version)
- Movement Flow (sitting version)
- Movement Flow (standing version)
- Shake Out Tension (sitting version)
- Shake Out Tension (standing version)

21. Did you notice any changes in sleep quality?

- Yes. Comments:
- No. Comments:

22. What was your average sleep quality **after** using any of these movement practices?

- Poor
- Fair
- Good
- Very good
- Excellent

23. Would you agree that the movement practice impacted your sleep quality?

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

24. Will you continue to use any of these movement practices?

- Extremely Unlikely
- Unlikely
- Neutral

- Likely
- Extremely Likely

25. If you would continue to use these practices, which one(s)?

- Gentle Stretching (sitting version)
- Gentle Stretching (standing version)
- Movement Flow (sitting version)
- Movement Flow (standing version)
- Shake Out Tension (sitting version)
- Shake Out Tension (standing version)

26. Did you have to modify any of the movement practices? For example, performing the practices in a lesser degree of intensity or range of motion OR did you just witness/watch the movement practice videos.

- Yes.
- No.

27. Would you be willing to have a live interview with Rayni Collins for the case study on movement for better sleep?

- Yes. Please provide email for contact:
- No. (Thank you for your feedback!)

28. Do you agree that any feedback that you have given can be used for online content and/or published material by Rayni Collins? If you agree, your name and other identifying information will be anonymous for your protection. If you do not agree, your feedback will be kept completely private for Rayni Collins' files only.

- Yes, I agree.
- No, I do not agree.

If you agreed to provide the digital copies of your Movement/Tension/Sleep Tracker and/or want to have a live interview for the case study, please email Rayni@E-MOTIVEcounseling.com.

***Do not forget to at least email the copy of this feedback form!

From Rayni:

I cannot thank you enough for your feedback! I truly hope that by incorporating movement practices into your nighttime routine that you have been more relaxed and sleeping better. Take care and sleep well.