

# SOMNA<sup>®</sup> TRIAL FORM

## SOMNA CHAIN WEIGHTED VEST<sup>™</sup>

Namn ..... Date .....

Age ..... Diagnosis .....

Application areas:

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Do you take any medication, if so what?

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### BEFORE TESTING

User/relative/member of staff's view – mark with an "X" on the scale

Anxious                      \_\_\_\_\_                      Peaceful  
1      2      3      4      5      6      7      8      9      10

Motor restlessness                      \_\_\_\_\_                      Calm  
1      2      3      4      5      6      7      8      9      10

Negative body image                      \_\_\_\_\_                      Positive body image  
1      2      3      4      5      6      7      8      9      10

Tense                      \_\_\_\_\_                      Relaxed  
1      2      3      4      5      6      7      8      9      10

Comments:

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### WEEK 1 WITH SOMNA CHAIN WEIGHTED VEST™

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Size            110/122          128/140          146/158          S      M      L      XL

User/relative/member of staff's view – mark with an "X" on the scale

Anxious                                                                                                                                       Peaceful

   1     2     3     4     5     6     7     8     9     10

Motor restlessness                                                                                                                          Calm

   1     2     3     4     5     6     7     8     9     10

Negative body image                                                                                                                        Positive body image

   1     2     3     4     5     6     7     8     9     10

Tense                                                                                                                                                  Relaxed

   1     2     3     4     5     6     7     8     9     10

Comments:

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**WEEK 2 WITH SOMNA CHAIN WEIGHTED VEST™**

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User/relative/member of staff's view – mark with an "X" on the scale

Anxious	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Peaceful
	1	2	3	4	5	6	7	8	9	10	
Motor restlessness	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Calm
	1	2	3	4	5	6	7	8	9	10	
Negative body image	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Positive body image
	1	2	3	4	5	6	7	8	9	10	
Tense	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Relaxed
	1	2	3	4	5	6	7	8	9	10	

Comments:

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**WEEK 3 WITH SOMNA CHAIN WEIGHTED VEST™**

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User/relative/member of staff's view – mark with an "X" on the scale

Anxious	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Peaceful
	1	2	3	4	5	6	7	8	9	10	
Motor restlessness	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Calm
	1	2	3	4	5	6	7	8	9	10	
Negative body image	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Positive body image
	1	2	3	4	5	6	7	8	9	10	
Tense	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Relaxed
	1	2	3	4	5	6	7	8	9	10	

Comments:

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**WEEK 4 WITH SOMNA CHAIN WEIGHTED VEST™**

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User/relative/member of staff's view – mark with an "X" on the scale

Anxious	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Peaceful
	1	2	3	4	5	6	7	8	9	10	
Motor restlessness	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Calm
	1	2	3	4	5	6	7	8	9	10	
Negative body image	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Positive body image
	1	2	3	4	5	6	7	8	9	10	
Tense	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Relaxed
	1	2	3	4	5	6	7	8	9	10	

Comments:

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Has there been any change in your medication as a result of using the Somna Chain Weighted Vest™?

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**Comments:**

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