

Godby Home Furnishings Checklist For A Better Nights Sleep

Name: _____

Delivery Town: _____

1. Have you been in the Sleep Lab before? Yes No

If yes, which sleep technician helped you? _____

Have you established your comfort level? Yes No

Who is the bed for? Adult Child Guest

How old is your current set? _____

What size mattress do you currently own?

Twin Twin XL Full Full XL

Queen King California King

What size would you like to purchase?

Twin Twin XL Full Full XL

Queen King California King

What type of sleep surface have you slept on?

Coil (innerspring) Foam Water Air

What type of bed do you have?

Headboard and footboard Headboard only Frame only

If you look under your bed, how many slats do you see? _____

What is the measurement from the floor to the top of your bed frame or rail?

How thick is your mattress set? _____

Is your bed/mattress set currently Too high? Too low?

Do you currently have any back pain or medical concerns?

No Yes, please describe: _____

What position do you sleep in? Back Stomach Side

How soon do you need your new sleep surface? _____