

QUESTIONNAIRE Current Bedroom Therapy. CBT

Name.....Age.....Profession.....

- What color is your childhood bedroom?.....
- Do you share your bedroom?..... with whom?.....
- Do you feel well in your current bedroom?.....
- How is your bedroom? Describe it as much as possible.....
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- Describe your bedroom environment.....
- What do you like best and least of it?.....
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- What furniture are there in your bedroom?. Where are the door and windows located? - From the attached bedroom models, choose the one better fits your bedroom. Draw in the empty space your bedroom.....

- Focus on your bed. How is it?.....
- Do you sleep well?.....Do you dream?..... Are there any dreams you like to talk about?
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