

Sound Pillow® Sleep System



On the Spectrum: The Questionnaires

The Questionnaires

Following are the actual questionnaires, as provided by the participants and / or respondents.

Participant #2 provided their responses via phone. Their questionnaire was then typed by R. Scott Armbruster.

Although several of the respondents thank us for being part of our “study,” this report would not be classified as a clinical study.

We are unaware of any participants having any formal Behavioral Science or medical experience / education.

Even though the responses are overwhelmingly positive, individual experiences will vary and do not imply similar experiences, for anyone.



1123 Patricia
San Antonio, TX 78213

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or Call TOLL FREE
877-846-6488

Sound Pillow® - Questionnaire

Thank you for agreeing to try the Sound Pillow Sleep System. After using the system for 2 ½ - 3 weeks, please send us your honest feedback. Either snail mail it to the address above, or scan & email it to: Scott@SoundPillow.com.

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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Asperger's Syndrome

Participant's Sex: M

Participant's Age: 28

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

falling to sleep

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				X	
How did the participant rate the Quality of Sound?				X	
How did the participant rate the Content/Sound Tracks?				X	
Did the participant find the Sound Pillow Sleep System relaxing?				X	
How helpful was the Sound Pillow Sleep System for falling asleep?				X	
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				X	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:
- If Yes: Which tracks did not mitigate nightmares:
- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – prior to using the system?

1/2 hour and sometimes I have to get up because I can't fall asleep.

3. How long did it usually take them to fall asleep - while using the sleep system?

15 minutes or so

4. How long did the participant generally sleep - prior to using the sleep system?

it varies but my typical is 7 hrs. my issue is falling asleep.

5. How long did they generally sleep - while using the sleep system?

the same

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

I feel less groggy when I wake up.

7. Were there any particular tracks the participant reacted positively to? – If so which?

At first I liked the tracks with the music and sounds. The ones that affected me the most were "New gentle dreams in evening forest" "Deep Relaxation & Ocean" "New fantasia rain"

8. Were there any particular tracks the participant reacted negatively to? - If so which?

I didn't dislike any of them. There were just those (mentioned above) I preferred

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes, it helped me relax and fall asleep.

Please Provide Comments & Thoughts:

- * I wish There was a menu option to find the tracks I like instead of cycling through all tracks to find them.
- * It's a tad unclear what side of the pillow gets the best sound quality.
- * Better instructions on how the player works - its navigation. I had to play around to figure it out.
- * It always starts on #3 - strange
- * Comfort is great and I didn't feel the speaker (which I was concerned about and it wasn't an issue)
- * Sound quality very good.
- * I liked all the tracks, just had some I preferred over others.

PARTICIPANT #2

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Thank you!

Participant's Diagnosis: Autism, Anxiety, ADHD, ODD, OCD, Bi-Polar

Participant's Sex: Male

Participant's Age: 7

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Biggest issue is sleep. Goes to bed around 7:30pm – 8:00pm, but doesn't go to sleep until midnight, or later. By 2:00am, he is up and running through the house like it is morning. No real sleep patterns or habits.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?					X
How did the participant rate the Content/Sound Tracks?				X	
Did the participant find the Sound Pillow Sleep System relaxing?				X	
How helpful was the Sound Pillow Sleep System for falling asleep?					X
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					X

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System? **Sometimes.**
Nightmares are normal, but had fewer of them.
 - If No: Which tracks were beneficial in mitigating nightmares:
 - If Yes: Which tracks did not mitigate nightmares:
 - OR - No more or less than usual
2. How long did it usually take for the participant to fall asleep – *prior to using the system?*
4 – 5 hours
3. How long did it usually take them to fall asleep - *while using the sleep system?*
30 – 45 minutes
4. How long did the participant generally sleep - *prior to using the sleep system?*
1.5 – 2 hours, a night
5. How long did they generally sleep - *while using the sleep system?*
6 – 8 hours, a night
6. Did the participant's day time behavior change, while using the sleep system? If so, how?
The morning behavior calmed down. No real attitude change in the late afternoon to evening.
7. Were there any particular tracks the participant reacted positively to? – If so which?
Loved Rain & Stream
8. Were there any particular tracks the participant reacted negatively to? - If so which?
New Evening Forest
9. Would you recommend the Sleep System to other families facing similar challenges?
Absolutely!
10. Do you believe the Sound Pillow Sleep System helped the participant sleep?
Absolutely!

Please Provide Comments & Thoughts:

Overall son consistently slept for the past three (3) months using the Sound Pillow Sleep System. Some nights we hit a bump in the road, but overall he sleeps through the night.

In the past, we had tried various sound machines, running water, fans and even weighted blankets, but none of them worked.

PARTICIPANT #3



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Thank you!

Participant's Diagnosis: ADHD, Neurofibromatosis I

Participant's Sex: M

Participant's Age: 4

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Generally Cameron took a while to fall asleep due to his
over activity and over stimulation.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				x	
How did the participant rate the Quality of Sound?					x
How did the participant rate the Content/Sound Tracks?				x	
Did the participant find the Sound Pillow Sleep System relaxing?				x	
How helpful was the Sound Pillow Sleep System for falling asleep?					x
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					x

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

☒ If No: Which tracks were beneficial in mitigating nightmares:

Not sure he stated that he liked The Rain one the most

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

20-60 minutes

3. How long did it usually take them to fall asleep - *while using the sleep system?*

10-15 minutes

4. How long did the participant generally sleep - *prior to using the sleep system?*

Would wake usually every couple of hours

5. How long did they generally sleep - *while using the sleep system?*

most of the night

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

Wasn't as tired, less cranky

7. Were there any particular tracks the participant reacted positively to? – If so which?

The Rain Tracks

8. Were there any particular tracks the participant reacted negatively to? - If so which?

no

9. Would you recommend the Sleep System to other families facing similar challenges?

yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

yes

Please Provide Comments & Thoughts:

No Major problems with the exceptions of Player
dying (which was replaced) and just recently the speaker
coming detached in the pillow.

Scott's Notes:

- 1) Items were replaced. Sorry for the inconvenience!
- 2) Player can be powered from wall outlet and not run down the battery.

PARTICIPANT #4

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Sleep never sounded so good.™

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Thank you!

Participant's Diagnosis: Aspergers

Participant's Sex: Male

Participant's Age: 16

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

11-16 Sometimes high anxiety and constant thoughts. Not relaxed at

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				✓	
How did the participant rate the Quality of Sound?					✓
How did the participant rate the Content/Sound Tracks?					✓
Did the participant find the Sound Pillow Sleep System relaxing?					✓
How helpful was the Sound Pillow Sleep System for falling asleep?					✓
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					✓

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?
 - If No: Which tracks were beneficial in mitigating nightmares:
rain, deep relaxation, ocean
 - If Yes: Which tracks did not mitigate nightmares:
 - OR - No more or less than usual
2. How long did it usually take for the participant to fall asleep – *prior to using the system*?
15-30 minutes
3. How long did it usually take them to fall asleep - *while using the sleep system*?
5-10 minutes
4. How long did the participant generally sleep - *prior to using the sleep system*?
6-7 hours
5. How long did they generally sleep - *while using the sleep system*?
8 or more hours
6. Did the participant's day time behavior change, while using the sleep system? If so, how?
No
7. Were there any particular tracks the participant reacted positively to? – If so which?
ocean rain white noise deep relaxation
8. Were there any particular tracks the participant reacted negatively to? - If so which?
No
9. Would you recommend the Sleep System to other families facing similar challenges?
Yes
10. Do you believe the Sound Pillow Sleep System helped the participant sleep?
Yes

Please Provide Comments & Thoughts:

First of all, I am very thankful that I was allowed to participate in this study. My sleeping issues began when I started school as that's when my anxiety started – bullying, trying to maintain A's, etc. I can recall countless nights of wanting so bad to fall asleep, but the thoughts in my head and anxiety about school would not allow me to fall asleep. With Asperger's, I have always been sensitive to touch and therefore have changed pillows many times during the last several years. The Sound Pillow is a very comfortable pillow and the soothing sounds have definitely helped me fall asleep much faster and remain asleep throughout the night. With the Sound Pillow, it usually only takes me 5-10 minutes to fall asleep compared to 15-30 minutes it used to take me. Also, I'm getting about 1-2 more hours of sleep per night. My favorite tracks are ocean, rain, white noise, and deep relaxation. I would definitely recommend the Sound Pillow to others as I have had nothing but positive experience using it.

Thanks,



PARTICIPANT #5



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Thank you!

Participant's Diagnosis: ASD

Participant's Sex: Male

Participant's Age: 5 ½

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

He usually struggles to fall asleep because he doesn't want to transition. Always wakes up in the middle of the night and doesn't want to fall asleep

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?				X	
How did the participant rate the Content/Sound Tracks?				X	
Did the participant find the Sound Pillow Sleep System relaxing?					X
How helpful was the Sound Pillow Sleep System for falling asleep?					X
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:			X		

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

I don't think he had nightmares. ~~but~~

2. How long did it usually take for the participant to fall asleep – prior to using the system?

1/2 hr to 1 hrs

3. How long did it usually take them to fall asleep - while using the sleep system?

15 min

4. How long did the participant generally sleep - prior to using the sleep system?

4 hrs and then ~~break~~ wake up and the 3 hrs.

5. How long did they generally sleep - while using the sleep system?

~~4 hrs~~ 6-7 hrs

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

We have been seeing a lot of positive behavior from him at the same time but not

7. Were there any particular tracks the participant reacted positively to? - If so which?

He really enjoyed listening to rain sounds like: Gradual w/ rain, New Fantasia Rain, New Simple & Ocean.

sure if it was connected.

8. Were there any particular tracks the participant reacted negatively to? - If so which?

NO, he listened to a lot of them but just preferred some over others

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes. I would recommend to anyone in the same situation especially w/ young kids.

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes. I hope it's a system that will help him long term.

Please Provide Comments & Thoughts:

Thank you for allowing to participate!
We are excited to have found something
that can help our child with quality
of sleep.

recommendations: Our son played with
the wire and made us a little uneasy.
So if ~~then~~ the wire connected to the
pillow ^{and} ~~had~~ detached from the pillow
so that if the child pulled on it it would
disconnect from the wire and not from
the components inside the pillow.

Scott's Notes:

1) We are adding a Velcro strap to secure and bundle the cord.

Then player and cord can be neatly tucked into pillow case.



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Thank you!

Participant's Diagnosis: Aspergers

Participant's Sex: Male

Participant's Age: 18

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

days/nights mixed up, never seems to go into deep sleep.
can't seem to shut his mind down, dreams alot

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					✓
How did the participant rate the Quality of Sound?					✓
How did the participant rate the Content/Sound Tracks?			✓		
Did the participant find the Sound Pillow Sleep System relaxing?			✓		
How helpful was the Sound Pillow Sleep System for falling asleep?				✓	
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				✓	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

✓ If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

~~45 mins to an hour~~ 2 hours

3. How long did it usually take them to fall asleep - *while using the sleep system?*

30 mins.

4. How long did the participant generally sleep - *prior to using the sleep system?*

8 hrs.

5. How long did they generally sleep - *while using the sleep system?*

8 hrs.

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

doesn't really apply.

7. Were there any particular tracks the participant reacted positively to? – If so which?

Track # 7 Fantasia Thetastream

8. Were there any particular tracks the participant reacted negatively to? - If so which?

Track # 17 Pink Noise

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes

Please Provide Comments & Thoughts:

Nice comfortable pillow but would like to be able to move speakers to a better position in the pillow.

Participate would have liked volume louder than it would go, even playing own music wasn't loud enough to shut out outside stimuli.

Issue isn't staying asleep it is being able to shut off brain enough to go to sleep.

Since "going to sleep" time was decreased from 2 hours to 30 mins. it has proven to both participant and parent the pillow was a success!

We sincerely appreciate you letting us try the Sound Pillow.

Sound Pillow®
Sleep never sounded so good.™

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Thank you!

Participant's Diagnosis: Asperger's Syndrome

Participant's Sex: F

Participant's Age: 12

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Occasionally (1x a week) has difficulty falling asleep. Always tosses and turns. Always talks/yells all night long during sleep. States she never wakes feeling rested for last 5 years.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				X	
How did the participant rate the Quality of Sound?					X
How did the participant rate the Content/Sound Tracks?				X	
Did the participant find the Sound Pillow Sleep System relaxing?				X	
How helpful was the Sound Pillow Sleep System for falling asleep?					X
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				X	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

No. Doesn't normally have nightmares

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

30 mins

3. How long did it usually take them to fall asleep - *while using the sleep system?*

5-10 mins

4. How long did the participant generally sleep - *prior to using the sleep system?*

8-10 hrs

5. How long did they generally sleep - *while using the sleep system?*

10 hrs

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

Seems more alert.

7. Were there any particular tracks the participant reacted positively to? – If so which?

B-Stream D-New Evening Forest

8. Were there any particular tracks the participant reacted negatively to? - If so which?

P-Blue Noise Q-Pink Noise
R-White Noise

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes

Please Provide Comments & Thoughts:

My daughter says she is waking up feeling considerably more refreshed. She doesn't feel the need to hit snooze repeatedly as she did before. I have noticed that she isn't tossing and turning nearly as much and that the amount of sleep-talking/yelling has decreased to hardly any. She previously would talk nearly all night long - usually arguing and sometimes yelling? Now it is just the occasional comment while sleeping. In case you wonder how I know all this, she sleeps with a baby monitor in her room so I can hear if her continuous glucose monitor goes off (Reagan also has type 1 diabetes). She NEVER hears her monitor - or anything else really - when she is sleeping even →

though she is tossing and turning,
talking, yelling, etc all night. She
never wakes up feeling rested. This
has greatly improved while using
the Sound Pillow!

PARTICIPANT #8



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Thank you!

Participant's Diagnosis: Autism

Participant's Sex: M

Participant's Age: 14

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Cannot go to sleep, needs me (his mom)
to lay down with him.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?				X	
How did the participant rate the Content/Sound Tracks?			X		
Did the participant find the Sound Pillow Sleep System relaxing?					X
How helpful was the Sound Pillow Sleep System for falling asleep?				X	
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				X	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

He used his music on his MP3 player a lot. He did not have nightmares

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – prior to using the system?

2 hrs

3. How long did it usually take them to fall asleep - while using the sleep system?

30 min.

4. How long did the participant generally sleep - prior to using the sleep system?

6 hrs.

5. How long did they generally sleep - while using the sleep system?

10 hrs.

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

more pleasant

7. Were there any particular tracks the participant reacted positively to? – If so which?

He didn't care for the sound tracks. He wanted music

8. Were there any particular tracks the participant reacted negatively to? - If so which?

..

..

9. Would you recommend the Sleep System to other families facing similar challenges?

YES!

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

YES!

Please Provide Comments & Thoughts:

This is a great idea!
Thank you for letting us
participate in the study!
Reggie

PARTICIPANT #9

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Sleep never sounded so good.™

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Thank you!

Participant's Diagnosis: ADHD, Mood Disorder, Social Anxiety Aspergers

Participant's Sex: F

Participant's Age: 14

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

unable to fall asleep + stay asleep. was very anxious

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?				X	
How did the participant rate the Content/Sound Tracks?			X		
Did the participant find the Sound Pillow Sleep System relaxing?					X
How helpful was the Sound Pillow Sleep System for falling asleep?				X	
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					X

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

1-2 hours

3. How long did it usually take them to fall asleep - *while using the sleep system?*

a few minutes

4. How long did the participant generally sleep - *prior to using the sleep system?*

5-8 hrs

5. How long did they generally sleep - *while using the sleep system?*

10-12 hrs

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

NO

7. Were there any particular tracks the participant reacted positively to? – If so which?

Forrest + Rain

8. Were there any particular tracks the participant reacted negatively to? - If so which?

White Pink + Blue Noise

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes!

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes!

Please Provide Comments & Thoughts:

Liked that she could plug in her
ipod to listen to music



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Thank you!

Participant's Diagnosis: AUTISM

Participant's Sex: M

Participant's Age: 10

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

He wouldn't go to sleep without melatonin and
around midnight

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?					X
How did the participant rate the Content/Sound Tracks?					X
Did the participant find the Sound Pillow Sleep System relaxing?					X
How helpful was the Sound Pillow Sleep System for falling asleep?					X
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					X

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

X If No: Which tracks were beneficial in mitigating nightmares:

HE NEVER HAD NIGHTMARES BEFORE

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

3 1/2 Hrs.

3. How long did it usually take them to fall asleep - *while using the sleep system?*

10 min

4. How long did the participant generally sleep - *prior to using the sleep system?*

8 Hrs.

5. How long did they generally sleep - *while using the sleep system?*

10 Hrs.

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

Yes. More Calm & Happy

7. Were there any particular tracks the participant reacted positively to? – If so which?

Ocean.

8. Were there any particular tracks the participant reacted negatively to? - If so which?

No

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes

Please Provide Comments & Thoughts:

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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Aspergers

Participant's Sex: _____ Female _____

Participant's Age: _____ 36 _____

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

_____ Waking up through night every 3 hours.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				x	
How did the participant rate the Quality of Sound?			x		
How did the participant rate the Content/Sound Tracks?			x		
Did the participant find the Sound Pillow Sleep System relaxing?		x			
How helpful was the Sound Pillow Sleep System for falling asleep?			x		
Rate the quality : Poor					

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

No

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

10 minutes

3. How long did it usually take them to fall asleep - *while using the sleep system?*

10 minutes

4. How long did the participant generally sleep - *prior to using the sleep system?*

Woke up every 3 hours on average

5. How long did they generally sleep - *while using the sleep system?*

Straight through

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

No

7. Were there any particular tracks the participant reacted positively to? – If so which?

No

8. Were there any particular tracks the participant reacted negatively to? - If so which?

No

9. Would you recommend the Sleep System to other families facing similar challenges?

No

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Please Provide Comments & Thoughts:

I think I slept better because external stressors were already reducing at the time I got the Pillow. The system would me up and kept me hyped so I didn't wake up feeling rested. I would not use this again. _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Asperger Syndrome + ADHD

Participant's Sex: Male

Participant's Age: 9 yrs old

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

took between 1-1½ hrs to fall asleep and
wake up a couple times a night

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				✓	
How did the participant rate the Quality of Sound?					✓
How did the participant rate the Content/Sound Tracks?					✓
Did the participant find the Sound Pillow Sleep System relaxing?					✓
How helpful was the Sound Pillow Sleep System for falling asleep?			✓		
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					✓

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?
 - If No: Which tracks were beneficial in mitigating nightmares:
Never has nightmares
 - If Yes: Which tracks did not mitigate nightmares:
 - OR - No more or less than usual
2. How long did it usually take for the participant to fall asleep – *prior to using the system*?
Over an hour
3. How long did it usually take them to fall asleep - *while using the sleep system*?
an hour
4. How long did the participant generally sleep - *prior to using the sleep system*?
8 hours
5. How long did they generally sleep - *while using the sleep system*?
9 hours
6. Did the participant's day time behavior change, while using the sleep system? If so, how?
no
7. Were there any particular tracks the participant reacted positively to? – If so which?
New-rain + new- insomnia
8. Were there any particular tracks the participant reacted negatively to? - If so which?
none :)
9. Would you recommend the Sleep System to other families facing similar challenges?
YES!
10. Do you believe the Sound Pillow Sleep System helped the participant sleep?
yes

Please Provide Comments & Thoughts:

the pillow did not show any signs of mechanisms or speakers, but I could not hear the sounds easily. The battery on the mp3 thing with the sounds downloaded was slightly confusing. Overall a great pillow with great quality.

-River

(user)

9 yrs old



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Aspergers

Participant's Sex: Male

Participant's Age: 14

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Difficulty falling asleep. Hard to wake up in morning.

Please Keep in mind his diagnoses. Hard to change routine and what he is used to.		1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?			✓			
How did the participant rate the Quality of Sound?					✓	
How did the participant rate the Content/Sound Tracks?		✓				
Did the participant find the Sound Pillow Sleep System relaxing?			✓			
How helpful was the Sound Pillow Sleep System for falling asleep?			✓			
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				✓		

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- 0 If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

Can be hours

3. How long did it usually take them to fall asleep - *while using the sleep system?*

Same

4. How long did the participant generally sleep - *prior to using the sleep system?*

10+ hours

5. How long did they generally sleep - *while using the sleep system?*

Same

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

No, didn't give it a fair chance.

7. Were there any particular tracks the participant reacted positively to? – If so which?

Hard ~~time~~ time adjusting to music since
is rigid about what he likes to listen to.

8. Were there any particular tracks the participant reacted negatively to? - If so which?

Blue, pink, white noise. "Hurt ears"

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes,

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

No

Please Provide Comments & Thoughts:

I wish my son would have given the pillow a fair chance.

Unfortunately his AS diagnoses interfered. He preferred to listen to own music which isn't soothing in my opinion. He prefers his memory foam pillow. Since he tosses and turns a lot and takes his pillow with him, he found the cord getting in his way.

Thank you so much for choosing us to participate. I myself think it is a great invention.

Sincerely,

Laurie B.



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Aspergers

Participant's Sex: F

Participant's Age: 15

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

has difficulties falling to sleep.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				X	
How did the participant rate the Quality of Sound?					X
How did the participant rate the Content/Sound Tracks?			X		
Did the participant find the Sound Pillow Sleep System relaxing?			X		
How helpful was the Sound Pillow Sleep System for falling asleep?			X		
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				X	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?
 - If No: Which tracks were beneficial in mitigating nightmares:
NO P, Q, R
 - If Yes: Which tracks did not mitigate nightmares:
 - OR - No more or less than usual
2. How long did it usually take for the participant to fall asleep – *prior to using the system?*
hours
3. How long did it usually take them to fall asleep - *while using the sleep system?*
half hour to an hour
4. How long did the participant generally sleep - *prior to using the sleep system?*
once she would finally fall asleep she would sleep all day if I would let her
5. How long did they generally sleep - *while using the sleep system?*
10hrs
6. Did the participant's day time behavior change, while using the sleep system? If so, how?
yes. morning time was less irritable
7. Were there any particular tracks the participant reacted positively to? – If so which?
no
8. Were there any particular tracks the participant reacted negatively to? - If so which?
no
9. Would you recommend the Sleep System to other families facing similar challenges?
yes
10. Do you believe the Sound Pillow Sleep System helped the participant sleep?
yes

Please Provide Comments & Thoughts:

I think the pillow helped her sleep sounder getting a better nights sleep. With out the pillow or her medication she has a very hard time falling asleep. This gave her less sleep at night and made mornings hard for both of us. The pillow helps her sleep better, which ~~now~~ helps her get woke up in the mornings, making life easier for all involved.



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: ADHD w/ anxiety

Participant's Sex: male

Participant's Age: 13

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

very difficult time falling asleep and staying asleep. Lots of tossing and turning

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				X	
How did the participant rate the Quality of Sound?				X	
How did the participant rate the Content/Sound Tracks?					X
Did the participant find the Sound Pillow Sleep System relaxing?				X	
How helpful was the Sound Pillow Sleep System for falling asleep?					X
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				X	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

1-2 hours

3. How long did it usually take them to fall asleep - *while using the sleep system?*

30 min average

4. How long did the participant generally sleep - *prior to using the sleep system?*

6 hrs.

5. How long did they generally sleep - *while using the sleep system?*

8 hrs.

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

Yes - less irritated, not as tired throughout
the day

7. Were there any particular tracks the participant reacted positively to? – If so which?

Deep relaxation

8. Were there any particular tracks the participant reacted negatively to? - If so which?

9. Would you recommend the Sleep System to other families facing similar challenges?

Definitely!

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

yes.

Please Provide Comments & Thoughts:

The only thing I heard my son complain about was the MP3 needing charged daily. Otherwise all I heard was positive. Best sleep hes had in a long time.

Scott's Note:

1) Player can be powered from wall outlet and not run down the battery.



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: ADHD, ODD, Autism

Participant's Sex: M

Participant's Age: 17

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Difficulty falling to sleep, difficulty sleeping through the night

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?				X	
How did the participant rate the Content/Sound Tracks?			X		
Did the participant find the Sound Pillow Sleep System relaxing?					X
How helpful was the Sound Pillow Sleep System for falling asleep?					X
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					X

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System? *No*
 - If No: Which tracks were beneficial in mitigating nightmares: *Oceans*
 - If Yes: Which tracks did not mitigate nightmares:
 - OR - No more or less than usual
2. How long did it usually take for the participant to fall asleep – *prior to using the system?*
till 2 A
3. How long did it usually take them to fall asleep - *while using the sleep system?*
till 10-11 P
4. How long did the participant generally sleep - *prior to using the sleep system?*
3-4 hrs
5. How long did they generally sleep - *while using the sleep system?*
8-12 + hrs
6. Did the participant's day time behavior change, while using the sleep system? If so, how? *Yes*
Happier, more easy going with fewer meltdowns
7. Were there any particular tracks the participant reacted positively to? – If so which?
Ocean
8. Were there any particular tracks the participant reacted negatively to? - If so which?
No
9. Would you recommend the Sleep System to other families facing similar challenges?
Yes
10. Do you believe the Sound Pillow Sleep System helped the participant sleep?
Yes



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: PDD-NOS

Participant's Sex: Female

Participant's Age: 17

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

She had a very hard time falling asleep. She would only get around a solid hour of sleep per night and then would toss and turn the rest of the night.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				✓	
How did the participant rate the Quality of Sound?				✓	
How did the participant rate the Content/Sound Tracks?			✓		
Did the participant find the Sound Pillow Sleep System relaxing?					✓
How helpful was the Sound Pillow Sleep System for falling asleep?				✓	
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				✓	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

2 to 3 hours

3. How long did it usually take them to fall asleep - *while using the sleep system?*

15 to 20 minutes

4. How long did the participant generally sleep - *prior to using the sleep system?*

1-3 hours

5. How long did they generally sleep - *while using the sleep system?*

8 hours

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

yes, she was a lot happier, she was not as irritable, she could focus a lot better and did not have as much anxiety

7. Were there any particular tracks the participant reacted positively to? – If so which?

Track 4

8. Were there any particular tracks the participant reacted negatively to? - If so which?

9. Would you recommend the Sleep System to other families facing similar challenges?

Absolutely

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

yes

Please Provide Comments & Thoughts:

I noticed that the transition between songs
it would change volume and it caused her to
wake up several times throughout the study.

The music was very relaxing for her. It would
help her wind down from the day.



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Thank you!

Participant's Diagnosis: Asperger's Syndrome / High functioning autism.

Participant's Sex: Male

Participant's Age: 6

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

He have a lot of trouble going to sleep every night. after he
Fell asleep. he is very uncomfortable. and wakes up easily.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				✓	
How did the participant rate the Quality of Sound?			✓		
How did the participant rate the Content/Sound Tracks?			✓		
Did the participant find the Sound Pillow Sleep System relaxing?				✓	
How helpful was the Sound Pillow Sleep System for falling asleep?					✓
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				✓	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

NO - Ocean and rain.

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep - *prior to using the system?*

30-60 mins.

3. How long did it usually take them to fall asleep - *while using the sleep system?*

15-30 min.

4. How long did the participant generally sleep - *prior to using the sleep system?*

6-7 - ~~8~~ hrs.

5. How long did they generally sleep - *while using the sleep system?*

8-10 hours.

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

± notice him less anxious, more happy and energetic.

7. Were there any particular tracks the participant reacted positively to? - If so which?

Ocean / Rain.

8. Were there any particular tracks the participant reacted negatively to? - If so which?

White / Pink. / Blue

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes!

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Totally Yes! more to keep him asleep
and relaxed.

Please Provide Comments & Thoughts:

I have some troubles with the cable and my son getting him around. (wireless? maybe?).

He was so excited to try his pillow, and he asked for it.

Her sister also enjoy it and both love the pillow. Kept him asleep and relaxed. No nightmares and more confidence on sleeping alone.

It make him feel special and calm.

I wish it could be louder. and wireless. Sometimes the volume button moved and turned off.

Scott's Notes:

1) We are adding a Velcro strap to secure and bundle the cord.

Then player and cord can be neatly tucked into pillow case.



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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Autism Spectrum Disorder, Global Developmental Delay, Speech Sound Disorder

Participant's Sex: male

Participant's Age: 3 1/2 yrs

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

It would usually take 2 hrs or better to get to sleep. He would bang his head on the bed or pillow to avoid going to sleep. He would sleep maybe 1 hr wake 3 sleep 1 hr

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					X
How did the participant rate the Quality of Sound?				XX	
How did the participant rate the Content/Sound Tracks?				XX	
Did the participant find the Sound Pillow Sleep System relaxing?					XX
How helpful was the Sound Pillow Sleep System for falling asleep?					XX
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				X	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System? *No*

- If No: Which tracks were beneficial in mitigating nightmares:

He doesn't get nightmares just struggles falling & staying asleep.

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – prior to using the system?

Anywhere from 30 mins to 3 hrs

3. How long did it usually take them to fall asleep - while using the sleep system?

15 mins to a little over an hr

4. How long did the participant generally sleep - prior to using the sleep system?

Average night 2-4 hrs at a time

5. How long did they generally sleep - while using the sleep system?

All night 8-12 hrs

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

Yes it changed, he was not as loud, didn't have bags under his eyes, & calmer

7. Were there any particular tracks the participant reacted positively to? – If so which?

It actually depended on his mood. A lot of the time he liked the ones with the sound of rain. On occasion those upset him but he was already agitated before laying down.

8. Were there any particular tracks the participant reacted negatively to? - If so which?

The tracks that had a really low slow tempo & sound seemed to be the ones he wanted to skip or would say "no! don't like, change, want rain!"

9. Would you recommend the Sleep System to other families facing similar challenges?

I would recommend it other families

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

I know it did

Please Provide Comments & Thoughts:

7/14): Received the pillow he layed on it right away.

He smiled as we went through the tracks.
He settled on the rain one. After 20 mins he was asleep. He slept for $1\frac{1}{2}$ hrs & woke up in a good mood. He layed on the pillow the majority of the day & took it w/ him when he went from room to room. That night it only took 35 mins for him to fall asleep & he didn't do any head banging on the bed. Slept til 8am which was 10 he sleep.

7/15): Didn't have to carry it around all day but would lay on it when he

was starting to get tired, but wouldn't go to sleep. That night at bedtime it only took 45 mins to go to sleep, again no head banging. Slept 6 hrs before waking. Stayed awake 3 hrs then slept for another 4 hrs.

7/16-17): Layed on pillow, wanted audio books not the pillow sounds. Had to wait til he relaxed to turn pillow on & it had to be really low. He's starting to associate the pillow w/ sleep & fight the effects of the pillow. Took 40 mins to go to sleep but no head banging just restless. Kept pillow going all night & he slept through the night.

7/18): Refused to use pillow. Actually took it & gave it to older brother saying he wanted to share it w/ him. Looked at me & said "no right right pillow" "Want my cars pillow" Took an 1 hr. 15 mins to go to sleep. A little head banging & quite a bit of tossing & turning thru the night. Slept 5 1/2 hrs awake for 3 hrs & slept another 2 hrs.

7/19): Took the pillow w/ him every where he went in the house. Tried taking it to the playground & got rather upset when I refused to let him take it. Today he hit his head into the pillow, wacked his sisters & kept repeatedly throwing it in the air, across the room & would watch it hit the floor. I was afraid he was going to break the MP3 but he didn't. He laid on it @ bedtime, no problem. Trying to get him to use it for it's purpose I put a CKS pillowcase on it. He said the cars were singing to him & fell asleep within 30 mins. Slept all night til 9am next day. Sleep was restful, no tossing or turning.

* Pretty much after this point as long as I kept a CKS pillow case on the pillow he wouldn't resist it & would fall asleep pretty soon. One night it didn't have a CKS pillow case on it & he fought the sound, finally throwing it on the floor, refusing to use it. He went ahead & fell asleep but he was restless. The next day I put the pillowcase on it & he loved it again. Saying the cars sang to him. He is definitely getting more hours & a more restful sleep using the pillow.

Thank you for allowing us to take part in this study. It was very helpful to me on so many levels. This pillow was such a hit my other three children ~~if~~ who really don't have issues want them.

They said they would love the system to go to sleep w/ music every night w/out having to use ear buds. It's something to think about.

Sincerely,

| . | .

(a rested mom) ☺



1123 Patricia
San Antonio, TX 78213

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or Call TOLL FREE
877-846-6488

Sound Pillow® - Questionnaire

Thank you for agreeing to try the Sound Pillow Sleep System. After using the system for 2 ½ - 3 weeks, please send us your honest feedback. Either snail mail it to the address above, or scan & email it to: Scott@SoundPillow.com.

If you have questions or need assistance with the system, please be sure to email or call me.

ALL contact information and communications will be held in the strictest of confidence. I will not list, post, sell disseminate any contact information, in any way, shape or form.

Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

7/14/14
Thank you!

Participant's Diagnosis: ASD, ADHD, Dyspraxia

Participant's Sex: M

Participant's Age: 13

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

My son didn't sleep well, he takes
Clonidine to sleep

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				✓	
How did the participant rate the Quality of Sound?				✓	
How did the participant rate the Content/Sound Tracks?				✓	
Did the participant find the Sound Pillow Sleep System relaxing?				✓	✓
How helpful was the Sound Pillow Sleep System for falling asleep?					✓
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				✓	✓

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

OR - No more or less than usual

NO

2. How long did it usually take for the participant to fall asleep – prior to using the system?

an hour or he will try to stay up.

3. How long did it usually take them to fall asleep - while using the sleep system?

10 to 15 min.

4. How long did the participant generally sleep - prior to using the sleep system?

He will fall asleep and sleep for about 5 hours wake up and go back to sleep

5. How long did they generally sleep - while using the sleep system?

All night

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

He woke up more pleasant and said that pillow is the best thing for me.

7. Were there any particular tracks the participant reacted positively to? – If so which?

Gentle Dreams

8. Were there any particular tracks the participant reacted negatively to? - If so which?

~~Not~~ The rain track made him dream of using the bathroom

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes, yes

Please Provide Comments & Thoughts:

My Son Took the Pillow
with him to his very first over
night Camp for one week and
he expressed how the pillow
helped him sleep and went
to sleep much faster. He sleeps
with it every night and he
remembers to charge it.
Haleb said the gentle soothing
music helped him tremendously
and it was the best invention
ever.

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Thank you!

Participant's Diagnosis: ASPERGER'S Syndrome / Anxiety Disorder

Participant's Sex: MALE

Participant's Age: 10

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Up ALL NIGHT, unable To Turn Brain Off
unable To Sleep more Than A Few Hours,
NIGHTMARES

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					5
How did the participant rate the Quality of Sound?				4	
How did the participant rate the Content/Sound Tracks?				4	
Did the participant find the Sound Pillow Sleep System relaxing?					5
How helpful was the Sound Pillow Sleep System for falling asleep?					5
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				4	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

LESS THAN USUAL # 12 WAS HIS FAVORITE

- If Yes: Which tracks did not mitigate nightmares:

- OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

OVER 4 HOURS

3. How long did it usually take them to fall asleep - *while using the sleep system?*

45 minutes

4. How long did the participant generally sleep - *prior to using the sleep system?*

ONE TO TWO HOURS

5. How long did they generally sleep - *while using the sleep system?*

6 HOURS

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

YES, HE WAS MORE RESTED AND LESS IRRITABLE

7. Were there any particular tracks the participant reacted positively to? – If so which?

12

8. Were there any particular tracks the participant reacted negatively to? - If so which?

3

9. Would you recommend the Sleep System to other families facing similar challenges?

YES!

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

YES!

Please Provide Comments & Thoughts:

GAGE WANTED TO SAY THAT
BEFORE THE PILLOW, HE HAD TERRIBLE
NIGHTMARES OF BEING KILLED AND OTHER
BAD THINGS, BUT WHEN HE USED THE
PILLOW, IT HELPED EMPTY OUT ALL
THE NEGATIVE THOUGHTS, PLUS HE SAID
IT WAS VERY COMFORTABLE! HE
HIGHLY RECOMMENDS THIS PILLOW!
THANK YOU!!!





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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Asperger

Participant's Sex: m

Participant's Age: 14

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

using a fan to block out noise,
make white noise

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?				✓	
How did the participant rate the Quality of Sound?				✓	
How did the participant rate the Content/Sound Tracks?					✓
Did the participant find the Sound Pillow Sleep System relaxing?				✓	
How helpful was the Sound Pillow Sleep System for falling asleep?				✓	
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				✓	

Sound Pillow® - Questionnaire

1. Did the participant experience nightmares while using the Sleep System?

- If No: Which tracks were beneficial in mitigating nightmares:

- If Yes: Which tracks did not mitigate nightmares:

☒ OR - No more or less than usual

2. How long did it usually take for the participant to fall asleep – *prior to using the system?*

~15 mins.

3. How long did it usually take them to fall asleep - *while using the sleep system?*

~10-15 mins.

4. How long did the participant generally sleep - *prior to using the sleep system?*

~8 hr.

5. How long did they generally sleep - *while using the sleep system?*

~8 hr.

6. Did the participant's day time behavior change, while using the sleep system? If so, how?

No

7. Were there any particular tracks the participant reacted positively to? – If so which?

White Noise.

8. Were there any particular tracks the participant reacted negatively to? - If so which?

No

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes

Please Provide Comments & Thoughts:

Prior to the pillow he needed a fan to
Sleep no matter the weather/season.
Also I believe it has helped him with
Anxiety ~~anxiety~~. Thank you very
much and good luck with your
business

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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: VCFS / ADHD / ASD (descriptions are at the bottom)

Participant's Sex: M

Participant's Age: 10

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

Refused to sleep in his own bed, had frequent nightmares and regular night terrors, he talks loudly in his sleep and his body moves a lot with kicks and swinging arms. He would fight sleep sometimes until midnight or 1:00 am and never slept more than 2 hours at a time. To get him to sleep in his own bed we tried bribery, we tried a weighted "autism" blanket, a body pillow, but none worked. Mom crawling in bed with him until he fell asleep worked somewhat but if she made too much noise getting up, he would wake up and cry or throw a fit. Even if she got out of the room successfully, he would only sleep an hour or two and then wake up and run to his parent's bed. Out of desperation, his psychiatrist put him on Abilify, a mood regulator, which worked really well for about 6 months but for an unknown reason stopped helping him sleep. We then put him on Zarbee's Sleep Naturals. It worked some. It helped get him to stop moving as much, but it is hard to find now.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					5
How did the participant rate the Quality of Sound?			3		
How did the participant rate the Content/Sound Tracks?					5
Did the participant find the Sound Pillow Sleep System relaxing?				4	
How helpful was the Sound Pillow Sleep System for falling asleep?					5
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:				4	

Sound Pillow® - Questionnaire

- Did the participant experience nightmares while using the Sleep System? **Yes**
 - If No: Which tracks were beneficial in mitigating nightmares:
 - If Yes: Which tracks did not mitigate nightmares:
 - C. New Rain**
 - I. Deep Relaxation and Ocean**
 - OR - No more or less than usual – **less than usual**
- How long did it usually take for the participant to fall asleep – *prior to using the system?*
An hour or more
- How long did it usually take them to fall asleep - *while using the sleep system?*
5 minutes
- How long did the participant generally sleep - *prior to using the sleep system?*
2 hours at a time
- How long did they generally sleep - *while using the sleep system?*
Averages 7 hours
- Did the participant's day time behavior change, while using the sleep system? If so, how?

Yes, calmer, not as many highs and lows.

7. Were there any particular tracks the participant reacted positively to? – If so which?

I. Deep Relaxation and Rain

8. Were there any particular tracks the participant reacted negatively to? - If so which?

AA. Deep Rain Thunder

9. Would you recommend the Sleep System to other families facing similar challenges?

Yes

10. Do you believe the Sound Pillow Sleep System helped the participant sleep?

Yes

Please Provide Comments & Thoughts:

I love the sound pillow system. The whole family benefits! A little about our story, our son (diagnosed with a genetic disorder, ADHD and Autism) never slept more than 2 hours at a time. When he would wake up, he was not quiet. He would cry or yell. If he got out of bed, he would get disoriented in the dark and bump into things and throw fits, breaking things. Mom never slept, waiting to hear his sounds, and run to him before he got out of bed on those few nights he would actually sleep in his bed. Most nights started with hours of trying to get him to settle down, and normally, Mom exhausted, allowed him into her bed where even when he slept, he talked and kicked and waved his arms.

Suffering lack of sleep from birth until age 9, Mom and Dad finally agreed to medicate him. The medication was not effective long term. It was coincidental that when we started looking for new solutions, we met Scott Armbruster who gifted us with the precious Sound Pillow system.

Now that he sleeps 6 to 9 hours a night (sleep medication free), Mom can actually sleeps. The rest of the family also receives a deeper, longer, more restful sleep. AND our son is sleeping in his own bed without any trouble. The whole family benefits!

What are Kyle's diagnosis? What are they?

VCFS – Velo Cardio Facial Syndrome, a genetic disorder caused by a deletion (or even more rarely duplication) of genetic code on the 22q11.2 chromosome. The syndrome can manifest itself in any combination of approximately 180 features. Most diagnosed exhibit 6-12 features. Most common features include cleft palate or other palate differences, congenital heart disease, immune deficiencies, gastrointestinal difficulties, hearing loss, genitourinary anomalies (absent or malformed kidney), hypocalcaemia (low blood calcium levels), speech delay, learning disabilities, and developmental delays, including fine motor or gross motor delays.

ADHD – Attention Deficit Hyperactivity Disorder is a brain-based medical disorder recognized by almost all mainstream medical, psychological, and educational organizations in the United States. Diagnosis is difficult to establish and usually requires a significant amount of time to track symptoms and rule out other issues. To receive the diagnosis a person must exhibit a large number of symptoms, demonstrate

significant problems with daily life in several major life areas (work, school, or friends) and have had the symptoms for a minimum of six months. Symptoms will be excessive, pervasive, and persistent.

ASD – Autism Spectrum Disorder is a group of disorders of brain development. Research is revealing that a combination of risk factors such as a genetic predisposition and environmental factors in early brain development may cause Autism. The most common manifestations, in varying degrees, include difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. Other features may include intellectual disabilities, difficulties in motor coordination and attention and physical health issues such as **sleep** and gastrointestinal disturbances.

Kyle's manifestations include

- VCFS - dental issues, heart malformity (currently not affecting function), gastrointestinal difficulties, speech delay, learning disabilities, developmental delays, intellectual disability, and immune deficiency (mostly has outgrown).
- ADHD – severe attention deficit, hyperactivity (even in his sleep), learning disabilities, social difficulties (brain is always on drive and has a hard time slowing down enough to be in the moment)
- ASD - social difficulties, trouble with verbal and nonverbal communication, and repetitive behaviors (more like he fixates or gets stuck on a subject)

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Any additional comments about the Sound Pillow® Sleep System will be greatly appreciated.

Thank you!

Participant's Diagnosis: Severe Autism, non-verbal

Participant's Sex: Male

Participant's Age: 9 (will be 10 in December)

Please describe the participant's general sleep habits or challenges - prior to using the sleep system:

My son has always woken up very early at 4 a.m., since he was a baby. Over the past 3 years, he has had more and more trouble sleeping throughout the night and began waking up around 1:30 or 2:00 a.m. and not going back to sleep. Often times, he would wake up screaming and continue screaming for hours. Not sure what wakes him or why he is screams. Going to sleep had begun to be a problem also. If he didn't fall asleep within 30 minutes of lying down, it would take him hours to fall asleep. On the nights he was able to stay asleep, it seemed very fitful- tossing, turning, and mumbling and he was becoming more and more miserable while he was awake. You could see in his face it was taking a toll on him. It was like a knot had been slowly tied and was getting tighter and tighter, his sleep was getting worse and worse. We gave him melatonin, which stopped working completely, regardless of the milligrams. His doctor recently put him on Klonopin which did seem to take away the screaming, but my son was still waking up and wondering about the house, and when you have a child who thinks its appropriate to play to break a dozen eggs on the floor and empty a brand new shampoo bottle into the sink to bubble up the bathroom, it is not an option for him to be awake in the house without adult supervision. Needless to say, my sons sleeping issues were our issues as well, even without the screams.

	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
How did the participant rate the Comfort of the Sound Pillow?					x
How did the participant rate the Quality of Sound?					x
How did the participant rate the Content/Sound Tracks?					x
Did the participant find the Sound Pillow Sleep System relaxing?					x
How helpful was the Sound Pillow Sleep System for falling asleep?					x
Rate the quality of the participant's sleep using the Sound Pillow Sleep System:					x

Sound Pillow® - Questionnaire

- Did the participant experience nightmares while using the Sleep System?
 - If No: Which tracks were beneficial in mitigating nightmares: None that I could be aware of
 - If Yes: Which tracks did not mitigate nightmares: I can say that there were some tracks he did not like such as New Rain and New Fantasia Rain
 - OR - No more or less than usual
- How long did it usually take for the participant to fall asleep – *prior to using the system?*
Anywhere from 30 minutes to 2 hours
- How long did it usually take them to fall asleep - *while using the sleep system?* *He would fall asleep within 15 minutes*
- How long did the participant generally sleep - *prior to using the sleep system?* *Usually about 4 hours*

5. How long did they generally sleep - *while using the sleep system?* 9 – 10 hours
6. Did the participant's day time behavior change, while using the sleep system? If so, how?
Absolutely! Because he was well rested, he was more calm and happier. I mentioned he had begun to appear miserable. His eyes no longer look tired, his eyes are bright and look healthier
7. Were there any particular tracks the participant reacted positively to? – If so which? The ones that appear to help him settle and rest quickest was Ocean, New Evening Forest, and New Simple & Ocean
8. Were there any particular tracks the participant reacted negatively to? - If so which? He would move his head away from the pillow on New Rain, New Fantasia Rain, and Pink Noise
9. Would you recommend the Sleep System to other families facing similar challenges?
ABSOLUTELY!!
10. Do you believe the Sound Pillow Sleep System helped the participant sleep? 100% positive –
There have been nights when either the battery ran out or for whatever reason maybe he fell asleep early and I didn't have the sound pillow on, and sure enough, he would wake up fully between 1: 30 – 3:30. Twice I tried to see if he would go back to sleep without me turning on the pillow, and he didn't either time. Once I did turn it back on, he would fall back asleep within 5 – 15 minutes, depending upon how awake he had become.

Please Provide Comments & Thoughts:

Based upon my observation only, because my child is non-verbal and cannot express what his own experience was, I believe that the sound pillow maybe helps to mask other external noises that might be on a frequency that is bothersome to my child. He has difficulty with auditory processing and needs to where sound reducing headphones when out in public (we use gun range headphones), such as in church or at Walmart- places with an echo particularly bother him and he will hold his ears and cover his head if without headphones. I think that my child's sleep cycle is shorter or somehow different than typical people's sleep and the sound pillow seemed to help his brain from waking up fully during those times that he was coming out of REM sleep, maybe. Whatever is going on, I know there was more than once that my son laid his head on the pillow and as soon as he heard the ocean sounds, a little smile appeared and he seemed to settle immediately falling asleep within 5 minutes. Our night time is peaceful once again, and the chaos that once ruled our lives 24 – 7, is now just limited to regular hours.

Contact Information

Sound Pillow^(R) Sleep System

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Email: Scott@SoundPillow.com

Web: www.SoundPillow.com

Sound Pillow is a registered trademark of Armbruster Enterprises, Inc.

Nature sounds and music copy write Dr. Harry Henshaw, Ed.D. and R. Scott Armbruster

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