WHOLE WEEK SELF-ASSESSMENT OF SLEEP SURVEY (SASS)

Please answer the following questions about your sleep **during the PREVIOUS WEEK**.

1. What time did you get into bed, on average? ____________________ AM/PM
2. What time did you try to go to sleep, on average? ____________________ AM/PM
3. How long did it take you to fall asleep, on average? _______ Hours and ______ Min.
4. How many times did you wake up, not counting your final awakening, on average? _______
5. How long did these awakenings last (in total), on average? ________ Hours and ______ Min.
6. What time was your final awakening, on average? ____________________ AM/PM
7. On average, what time did you get out of bed for the day? ____________________ AM/PM
8. How would you rate the average quality of your sleep? (Check one)
   □ Very Poor  □ Poor  □ Fair  □ Good  □ Very Good
9. How long have you slept this way? ________Year(s) ________Month(s)_______Week(s)


SPLIT WEEK SELF-ASSESSMENT OF SLEEP SURVEY (SASS-Y)

Please answer the following questions about your sleep on **WEEKDAYS during the previous week** (Sunday night through Friday morning)

1. What time did you get into bed, on average? ___________________________ AM/PM
2. What time did you try to go to sleep, on average? ___________________________ AM/PM
3. How long did it take you to fall asleep, on average? _______ Hours and _______ Min.
4. How many times did you wake up, not counting your final awakening, on average? _________
5. How long did these awakenings last (in total), on average? _______ Hours and _______ Min.
6. What time was your final awakening, on average? ___________________________ AM/PM
7. On average, what time did you get out of bed for the day? ___________________________ AM/PM
8. How would you rate the average quality of your sleep? (Check one)
   - □ Very Poor  □ Poor  □ Fair  □ Good  □ Very Good
9. How long have you slept this way? _______ Year(s) _______ Month(s) _______ Week(s)

Please answer the following questions about your sleep on **the WEEKEND during the previous week** (Friday Night through Sunday Morning)

10. What time did you get into bed, on average? ___________________________ AM/PM
11. What time did you try to go to sleep, on average? ___________________________ AM/PM
12. How long did it take you to fall asleep, on average? _______ Hours and _______ Min.
13. How many times did you wake up, not counting your final awakening, on average? _________
14. How long did these awakenings last (in total), on average? _______ Hours and _______ Min.
15. What time was your final awakening, on average? ___________________________ AM/PM
16. On average, what time did you get out of bed for the day? ___________________________ AM/PM
17. How would you rate the average quality of your sleep? (Check one)
   - □ Very Poor  □ Poor  □ Fair  □ Good  □ Very Good
18. How long have you slept this way? _______ Year(s) _______ Month(s) _______ Week(s)
