

## 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)

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