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)	
	\Box Very Poor \Box Poor \Box Fair \Box Good \Box Very Good	
9.	How long have you slept this way?Year(s)Month(s)	_Week(s)

Please cite as: Dietch, J.R., Sethi, K., Slavish, D.C., & Taylor, D.J. (2019). Validity of two retrospective questionnaire versions of the Consensus Sleep Diary: the Whole Week and Split Week Self-Assessment of Sleep Surveys. *Sleep Medicine*, *63*, 127-136. doi: 10.1016/j.sleep.2019.05.015

Adapted from Carney, C. E., Buysse, D. J., Ancoli-Israel, S., Edinger, J. D., Krystal, A. D., Lichstein, K. L., & Morin, C. M. (2012). The Consensus Sleep Diary: standardizing prospective sleep self-monitoring. *Sleep*, *35*(2), 287-302. doi: 10.5665/sleep.1642

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)
Pleas	e answer the following questions about your sleep on the WEEKEND during the	ie
previ	ious week (Friday Night through Sunday Morning)	
10	0. What time did you get into bed, on average?	AM/PM
1	1. What time did you try to go to sleep, on average?	AM/PM
12	2. How long did it take you to fall asleep, on average?Hours and	Min.
1.	3. How many times did you wake up, not counting your final awakening, on average?	
14	4. How long did these awakenings last (in total), on average?Hours and	Min.
1:	5. What time was your final awakening, on average?	AM/PM
10	6. On average, what time did you get out of bed for the day?	AM/PM
1′	7. How would you rate the average quality of your sleep? (Check one)	
	□ Very Poor □ Poor □ Fair □ Good □ Very Good	
1	8. How long have you slept this way?Year(s)Month(s)	Week(s)

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