

PITTSBURGH SLEEP QUALITY INDEX (PSQI)

Name _____ Date _____ Time _____ PM/AM

INSTRUCTIONS:

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

Please answer all questions.

1. During the past month, what time have you usually gone to bed at night? BED TIME _____ AM/PM
2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? Number of minutes _____
3. During the past month, what time have you usually gotten up in the morning? GETTING UP TIME _____ AM/PM
4. During the past month, how many hours of actual sleep did you get at night? HOURS OF SLEEP PER NIGHT _____
(This may be different than the number of hours you spent in bed.)

For each of the remaining questions, check the one best response. Please answer all questions.

5. During the past month, how often have you had trouble sleeping because you . . .

a) Cannot get to sleep within 30 minutes

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

b) Wake up in the middle of the night or early morning

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

c) Have to get up to use the bathroom

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

d) Cannot breathe comfortably

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

f) Feel too cold

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

g) Feel too hot

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

h) Had bad dreams

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

i) Have pain

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

j) Other reason(s), please describe _____

How often during the past month have you had trouble sleeping because of this?

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

6. During the past month, how would you rate your sleep quality overall?

___ Very good ___ Fairly good ___ Fairly bad ___ Very bad

7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

___ No problem at all ___ Only a very slight problem ___ Somewhat of a problem ___ A very big problem

10. Do you have a bed partner or room mate?

___ No bed partner or room mate ___ Partner/room mate in other room ___ Partner in same room, but not same bed ___ Partner in same bed

If you have a room mate or bed partner, ask him/her how often in the past month you have had . . .

a) Loud snoring

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

b) Long pauses between breaths while asleep

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

c) Legs twitching or jerking while you sleep

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

d) Episodes of disorientation or confusion during sleep

___ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week

e) Other restlessness while you sleep; please describe _____

_____ Not during in the past month ___ Less than Once a week ___ Once or twice a week ___ Three or more times a week