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
   e) 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
   f) 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
   g) 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
   h) Have pain
      __ Not during in the past month  __ Less than Once a week  __ Once or twice a week  __ Three or more times a week
   i) 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