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. During the past month,

1. When have you usually gone to bed? \_\_\_\_\_

2. How long (in minutes) has it taken you to fall asleep each night? \_\_\_\_\_

3. When have you usually gotten up in the morning? \_\_\_\_\_

4. How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed): \_\_\_\_\_

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

5a. Cannot get to sleep within 30 minutes

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5b. Wake up in the middle of the night or early morning

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5c. Have to get up to use the bathroom

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5d. Cannot breathe comfortably

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5e. Cough or snore loudly

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5f. Feel too cold

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5g. Feel too hot

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5h. Have bad dreams

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5i. Have pain

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

5j. Other reason(s)

1. please describe: \_\_\_\_\_

2. How often you have had trouble sleeping because of this reason(s):

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

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

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

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

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

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

\_0. Not during the past month

\_1. Less than once a week

\_2. Once or twice a week

\_3. Three or more times a week

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

\_0. Very good

\_1. Fairly good

\_2. Fairly bad

\_3. Very bad

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Notes: Scoring

Component 1 (C1) #9 Score:

Component 2 (C2) #2 Score (≤15min=0; 16-30 min=1; 31-60 min=2, >60 min=3) + #5a Score (if sum is equal 0=0; 1-2=1; 3-4=2; 5-6=3)

Component 3 (C3) #4 Score (>7=0; 6-7=1; 5-6=2; <5=3)

Component 4 (C4) (total # of hours asleep)/(total # of hours in bed) x 100 >85%=0, 75%-84%=1, 65%-74%=2, <65%=3

Component 5 (C5) Sum of Scores #5b to #5j (0=0; 1-9=1; 10-18=2; 19-27=3

Component 6 (C6) #6 Score

Component 7 (C7) #7 Score + #8 Score (0=0; 1-2=1; 3-4=2; 5-6=3)

Global PSQI ScoreAdd the seven component scores together

Reference

Buysse, D.J., Reynolds III, C.F., Monk, T.H., Berman, S.R., & Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. *Journal of Psychiatric Research, 28*(2), 193-213.