

Welstein, L.; Dement, W.C.; Redington, D.; and Guilleminault, C. Insomnia in the San Francisco Bay Area: A telephone survey. *Sleep/Wake Disorders: Natural History, Epidemiology, and Long-Term Evolution*. New York: Raven Press, 1983. pp. 73-85.

Appendix. Pittsburgh Sleep Quality Index (PSQI)

Name _____ ID # _____ Date _____ Age _____

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, when have you usually gone to bed at night?
USUAL BED TIME _____
2. During the past month, how long (in minutes) has it usually take you to fall asleep each night?
NUMBER OF MINUTES _____
3. During the past month, when have you usually gotten up in the morning?
USUAL GETTING UP TIME _____
4. During the past month, how many hours of *actual sleep* did you get at night? (This may be different than the number of hours you spend in bed.)
HOURS OF SLEEP PER NIGHT _____

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 the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (b) Wake up in the middle of the night or early morning

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (c) Have to get up to use the bathroom

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (d) Cannot breathe comfortably

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (e) Cough or snore loudly

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (f) Feel too cold

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (g) Feel too hot

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (h) Had bad dreams

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (i) Have pain

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	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 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 (prescribed or "over the counter") to help you sleep?

Not during 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 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 roommate?

No bed partner or roommate _____

Partner/roommate in other room _____

Partner in same room, but not same bed _____

Partner in same bed _____

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

(a) Loud snoring

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