

PSQI

Pittsburgh Sleep Quality Index

Name: _____ Date: _____

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 taken 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...

	Not during the past month (0)*	Less than once a week (1)*	Once or twice a week (2)*	Three or more times a week (3)*
a. cannot get to sleep within 30 minutes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. wake up in the middle of the night or early morning _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. have to get up to use the bathroom _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. cannot breathe comfortably _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. cough or snore loudly _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. feel too cold _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. feel too hot _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. have bad dreams _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. have pain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. other reason(s), please describe _____				

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

* Scores for each question in a column are in brackets, i.e. if you would answer 'Less than once a week' for question 5a, your score for that question would be '1'

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	Very good (0)*	Fairly good (1)*	Fairly bad (2)*	Very bad (3)*
6 During the past month, how would you rate your sleep quality overall? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not during the past month (0)*	Less than once a week (1)*	Once or twice a week (2)*	Three or more times a week (3)*
7 During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No problem at all (0)*	Only a very slight problem (1)*	Somewhat of a problem (2)*	A very big problem (3)*
9 During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No bed partner or room mate**	Partner/room mate in other room**	Partner in same room, but not same bed**	Partner in same bed**
10 Do you have a bed partner or room mate? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not during the past month**	Less than once a week**	Once or twice a week**	Three or more times a week**
a. loud snoring _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. long pauses between breaths while asleep _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. legs twitching or jerking while asleep _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. episodes of disorientation or confusion during sleep _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. other restlessness while you sleep; _____ please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Scores for each question in a column are in brackets, i.e. if you would answer 'Fairly bad' for question 6, your score for that question would be '2'

** Question 10 is not scored (but still needs to be answered)

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Scoring Instructions

The Pittsburgh Sleep Quality Index (PSQI) contains 19 self-rated questions and 5 questions rated by the bed partner or roommate (if one is available). Only self-rated questions are included in the scoring. The 19 self-rated items are combined to form seven "component" scores, each of which has a range of 0-3 points. In all cases, a score of "0" indicates no difficulty, while a score of "3" indicates severe difficulty. The seven component scores are then added to yield one "global" score, with a range of 0-21 points, "0" indicating no difficulty and "21" indicating severe difficulties in all areas.

Component 1: Subjective sleep quality

Question #6 Score: _____

Component 1 score: _____

Component 2: Sleep latency

Step 1: Examine question #2 and assign scores as follows:

Response:	Score
≤ 15 minutes	0
16-30 minutes	1
31-60 minutes	2
> 60 minutes	3

Question #2 Score: _____

Step 2: Question #5a Score: _____

Question #5a Score: _____

Step 3: Add #2 score and #5a score: _____

Sum of #2 and #5a: _____

Step 4: Assign component 2 score as follows:

Sum of #2 and #5a	Component 2 Score
0	0
1-2	1
3-4	2
5-6	3

Component 2 score: _____

Component 3: Sleep duration

Examine Question #4 and assign scores as follows:

Response:	Component 3 Score
> 7 hours	0
6-7 hours	1
5-6 hours	2
< 5 hours	3

Component 3 score: _____

Component 4: Habitual sleep efficiency

Step 1: Answer to question #4: _____

Question #4: _____

Step 2: Calculate the number of hours spent in bed (subtract #1 from #3)

Getting up time (Question #3) _____

Bedtime (Question #1) _____ -

Number of hours spent in bed _____

Step 3: Calculate Habitual Sleep Efficiency (HSE)

(Number of hours slept/ (divided by) Number of hours spent in bed) X (multiplied by) 100 = HSE (%)

Step 4: Assign scores as follows:

HSE %:	Component 4 Score
> 85%	0
75-84%	1
65-74%	2
< 65%	3

Component 4 score: _____

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Component 5: Sleep disturbances

Step 1: Examine question #5b to #5j and write down scores:

#5b _____ #5e _____ #5h _____
#5c _____ #5f _____ #5i _____
#5d _____ #5g _____ #5j _____

Step 2: Add the scores for questions #5b to #5j:

Sum of #5b to #5j: _____

Step 3: Assign component 5 score as follows:

Sum of #5b to #5j	Component 5 score
0	0
1-9	1
10-18	2
19-27	3

Component 5 score: _____

Component 6: Use of sleeping medication

Question #7 Score: _____

Component 6 score: _____

Component 7: Daytime dysfunction

Step 1: Add Question #8 en Question #9 scores:

Question #8 _____
Question #9 _____ +
Sum of #8 en #9 _____

Step 2: Assign component 7 score as follows:

Sum of #8 and #9	Component 7 score
0	0
1-2	1
3-4	2
5-6	3

Component 7 score: _____

Global PSQI score

Add the seven component scores:

Global PSQI score: _____