

Pittsburgh Sleep Quality Index (PSQI)

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, when have you usually gone to bed at night? _____

During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____

During the past month, when have you usually gotten up in the morning? _____

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 sleep in bed.) _____

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

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
cannot get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
wake up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have to get up to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cannot breath comfortably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cough or snore loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reason(s). please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very good	Fairly good	Fairly bad	Very bad
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
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During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

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

☐☐☐☐

No problem at all

Only a very slight problem

Somewhat of a problem

A very big problem

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

☐☐☐☐

No bed partner or roommate

Partner/Roommate in other room

Partner in same room, but not same bed

Partner in same bed

Do you have a roommate or bed partner? Choose what most accurately describes your situation.

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

Not during the past month

Less than once per week

Once or twice a week

Three or more times a week

loud snoring

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long pauses between breaths while asleep

☐☐☐☐

legs twitching or jerking while you sleep

☐☐☐☐

episodes of disorientation or confusion during sleep

☐☐☐☐

Other restlessness while you sleep; please describe

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