

Pittsburgh Sleep Quality Index (PSQI)

A A A
English

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, at what time have you usually gone to bed at night?

 H:M
BED TIME

* must provide value

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

NUMBER OF MINUTES

* must provide value

3. During the past month, at what time have you usually gotten up in the morning?

 H:M
GETTING UP TIME

* must provide value

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 spent in bed.)

HOURS OF SLEEP PER NIGHT

* must provide value

For each of the remaining questions, choose the best response. Please answer all questions.

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

5a) Cannot get to sleep within 30 minutes

* must provide value

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

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

* must provide value

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

5c) Have to get up to use the bathroom

* must provide value

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

5d) Cannot breathe comfortably

* must provide value

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

5e) Cough or snore loudly <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
5f) Feel too cold <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
5g) Feel too hot <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
5h) Had bad dreams <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
5i) Have pain <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
5j) Other reason(s), please describe	<div></div>
6. During the past month, how would you rate your sleep quality overall? <i>* must provide value</i>	<input type="radio"/> Very good <input type="radio"/> Fairly good <input type="radio"/> Fairly bad <input type="radio"/> Very bad
7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")? <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> 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? <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> 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? <i>* must provide value</i>	<input type="radio"/> No problem at all <input type="radio"/> Only a very slight problem <input type="radio"/> Somewhat of a problem <input type="radio"/> A very big problem
10. Do you have a bed partner or room mate? <i>* must provide value</i>	<input type="radio"/> No bed partner or room mate <input type="radio"/> Partner/room mate in other room <input type="radio"/> Partner in same room, but not same bed <input type="radio"/> 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...	
10a) Loud snoring <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
10b) Long pauses between breaths while asleep <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
10c) Legs twitching or jerking while you sleep <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
10d) Episodes of disorientation or confusion during sleep <i>* must provide value</i>	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
10e) Other restlessness while you sleep; please describe	<div></div>
	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
<div>Submit</div>	

