

Pittsburgh Sleep Quality Index (PSQI)

Now we want to know about your sleep during **the past month** in general. 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. When have you usually gone to bed?
2. How long (in minutes) has it taken you to fall asleep each night?
3. What time have you usually gotten up in the morning?
- 4a. How many hours of actual sleep did you get at night?
- 4b. How many hours were you in bed?
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	Once or twice a week	Three or more times a week
A. Cannot get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Wake up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Have to get up to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Cannot breathe comfortably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Cough or snore loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Feel too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Feel too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Have bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Have pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Other reason (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not during the past month (0)	Less than once a week	Once or twice a week	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

in social activity?				
8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Very good (0)
- ☐ Fairly good
- ☐ Fairly bad
- ☐ Very bad