



PITTSBURGH SLEEP QUALITY INDEX

ID NUMBER:

FORM CODE: PSQ
VERSION: 1.1 7/12/11

Visit Number

SEQ #

0a) Form Date /

0b) Initials.....

Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Answer all questions.

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?

: AM / PM (circle one)

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

minutes

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

: AM / PM (circle one)

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

For each of the remaining questions, choose 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 past month A
- Less than once a week B
- Once or twice a week C
- Three or more times a week D

Buyse, D.J., Reynolds, C.F., Monk, T.H., Berman, S.R., & Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. *Psychiatry Research*, 28(2), 193-213.

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- b) Wake up in the middle of the night or early morning
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD
- c) Have to get up to use the bathroom
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD
- d) Cannot breathe comfortably
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD
- e) Cough or snore loudly
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD
- f) Feel too cold
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD
- g) Feel too hot
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD
- h) Had bad dreams
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD

Buysse, D.J., Reynolds, C.F., Monk, T.H., Berman, S.R., & Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. *Psychiatry Research*, 28(2), 193-213.

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- i) Had pain
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD

j) Other reason(s), please describe _____

- How often during the past month have you had trouble sleeping because of this?.....
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD

- 6) During the past month, how would you rate your sleep quality overall?
- Very good.....A
 - Fairly goodB
 - Fairly badC
 - Very badD

- 7) During the past month, how often have you take medicine (prescribed or over-the-counter) to help you sleep?
- Not during the past monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD

- 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 monthA
 - Less than once a weekB
 - Once or twice a weekC
 - Three or more times a weekD

Buysse,D.J., Reynolds,C.F., Monk,T.H., Berman,S.R., & Kupfer,D.J. (1989). The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. Psychiatry Research, 28(2), 193-213.

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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 A
Only a very slight problem..... B
Somewhat of a problem C
A very big problem D

10) Do you have a bed partner or roommate?

No bed partner or roommate A → **End**
Partner/roommate in other room B
Partner in same room, but not same bed..... C
Partner in same bed D

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 A
Less than once a week B
Once or twice a week C
Three or more times a week..... D

b) Long pauses between breaths while asleep.....

Not during the past month A
Less than once a week B
Once or twice a week C
Three or more times a week..... D

c) Legs twitching or jerking while you sleep

Not during the past month A
Less than once a week B
Once or twice a week C
Three or more times a week..... D

d) Episodes of disorientation or confusion during sleep.....

Not during the past month A
Less than once a week B
Once or twice a week C
Three or more times a week..... D

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e) Other restlessness while you sleep; please describe: _____

_____.....

- Not during the past month A
- Less than once a week B
- Once or twice a week C
- Three or more times a week D