

## | Pittsburgh Sleep Quality Index (PSQI)

Name

#ID  Date  Age

### Instructions

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 take you to fall asleep each night?

- ≥ 15 minutes
- 16-30 minutes
- 31-60 minutes
- > 60 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

**⚠ AREA DEDICATED TO PHYSICIANS**

Following question **#1**, assign score as follows:

- > 7 hours
- 6-7 hours
- 5-6 hours
- < 5 hours

Sleep duration score

Calculate the **number of hours spent in bed** with the following equation:

**(Getting up time (#3) - Bedtime (#1)) = Hours spent in bed**

-  =

Calculate the **habitual sleep efficiency** with the following equation:

**(Hours slept (#1) / Hours spent in bed (result above))\*100 = Habitual sleep efficiency (in %)**

( / )\*100 =  %

Following the result above, assign score as follows:

- > 85%
- 75-84%
- 65-74%
- < 65%

Habitual sleep efficiency %

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

- 0 Not during the past month     
 1 Less than once a week     
 2 Once or twice a week     
 3 Three or more times a week

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

<b>a</b> Cannot get to sleep within 30 minutes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>b</b> Wake up in the middle of the night or early morning	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>c</b> Have to get up to use the bathroom	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>d</b> Cannot breathe comfortably	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>e</b> Cough or snore loudly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>f</b> Feel too cold	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>g</b> Feel too hot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>h</b> Had bad dreams	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>i</b> Have pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>j</b> Other reason(s), please describe:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
How often during the past month have you had trouble sleeping because of this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**⚠ AREA DEDICATED TO PHYSICIANS**

Following the **sum of #2 (p.2) and #5a**, assign score as follows:

0	<input type="checkbox"/> 0
1-2	<input type="checkbox"/> 1
3-4	<input type="checkbox"/> 2
5-6	<input type="checkbox"/> 3

Following the **sum of #b through #j**, assign score as follows:

0	<input type="checkbox"/> 0
1-9	<input type="checkbox"/> 1
10-18	<input type="checkbox"/> 2
19-27	<input type="checkbox"/> 3

Sleep latency score

Sleep disturbances score

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

- Very good 0

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- Fairly good 1

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- Fairly bad 2

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- Very bad 3

**7** During the past month, how often have you taken **medicine (prescribed or "over the counter")** to help you sleep?

- Not during the past month 0

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- Less than once a week 1

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- Once or twice a week 2

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- Three or more times a week 3

**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 month 0

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- Less than once a week 1

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- Once or twice a week 2

---

- Three or more times a week 3

**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 0

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- Only a very slight problem 1

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- Somewhat of a problem 2

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- A very big problem 3

**⚠ AREA DEDICATED TO PHYSICIANS**

Subjective sleep quality score

Use of sleeping medication score

Following the **sum of #8 and #9**, assign score as follows:

- 0 0

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- 1-2 1

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- 3-4 2

---

- 5-6 3

Daytime dysfunction score

**10 Do you have a bed partner or roommate?**

No bed partner or roommate

Partner in same room, but not same bed

Partner/roommate in other room

Partner in same bed

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

**0** Not during the past month

**1** Less than once a week

**2** Once or twice a week

**3** Three or more times a week

**a** Loud snoring

**0**      **1**      **2**      **3**

**b** Long pauses between breaths while asleep

**0**      **1**      **2**      **3**

**c** Legs twitching or jerking while you sleep

**0**      **1**      **2**      **3**

**d** Episodes of disorientation or confusion during sleep

**0**      **1**      **2**      **3**

**e** Other restlessness while you sleep, please describe:

**0**      **1**      **2**      **3**

### 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 21 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.

### Global PSGI Score

Add together the seven scores from the deep blue boxes throughout the questionnaire:

Global PSGI Score	<input type="text"/>
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