## THE PITTSBURGH SLEEP QUALITY INDEX (PSQI)

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.

| <ul><li>2. How long (in mir</li><li>3. When have you u</li><li>4. How many hours</li></ul>   | nth, isually gone to bed?nutes) has it taken you to fall asleep each night?sually gotten up in the morning? of actual sleep do you get at night? (This may be |                                     | n the number o            | of hours you             |                                |
|--|---|-------------------------------------|---------------------------|--------------------------|--------------------------------|
| 5. During the past month, how often have you had trouble sleeping because you  |   | Not during<br>the past<br>month (0) | Less than once a week (1) | Once or twice a week (2) | Three or more times a week (3) |
| a. Cannot get t  |   |                                     |                           |                          |                                |
| b. Wake up in t  |   |                                     |                           |                          |                                |
| c. Have to get   |   |                                     |                           |                          |                                |
| d. Cannot brea   |   |                                     |                           |                          |                                |
| e. Cough or snore loudly   |   |                                     |                           |                          |                                |
| f. Feel too cold   | l   |                                     |                           |                          |                                |
| g. Feel too hot  |   |                                     |                           |                          |                                |
| h. Have bad dr   | eams  |                                     |                           |                          |                                |
| i. Have pain   |   |                                     |                           |                          |                                |
| j. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s):  |   |                                     |                           |                          |                                |
| 6. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?  |   |                                     |                           |                          |                                |
| 7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?  |   |                                     |                           |                          |                                |
|  | nonth, how much of a problem has it been for athusiasm to get things done?  |                                     |                           |                          |                                |
|  |   | Very<br>good (0)                    | Fairly good (1)           | Fairly bad (1)           | Very bad (1)                   |
| 9. During the past n quality overall?  | nonth, how would you rate your sleep  |                                     |                           |                          |                                |
| Component 1 Component 2  |   |                                     |                           |                          | C1                             |
| -  | (if sum is equal 0=0; 1-2=1; 3-4=2; 5-6=3)  |                                     |                           |                          |                                |
| Component 3  | #4 Score (>7=0; 6-7=1; 5-6=2; <5=3)   |                                     |                           |                          | C3                             |
| Component 4 (total # of hours asleep)/(total # of hours in bed) x 100 $> 850/-0.750/-$ |   |                                     |                           |                          | $C^{A}$                        |
| >85%=0, 75%-84%=1, 65%-74%=2, <65%=3   |   |                                     |                           |                          |                                |
| Component 6  | #6 Score  |                                     |                           |                          |                                |
| Component 7  |   |                                     |                           |                          |                                |
|  | Add the seven compone   | nt scores toget                     | her                       | Global PSOI              | Score                          |

