

Pittsburgh Sleep Quality Index (PSQI)

Patient name: _____ ID #: _____

Date: _____ dd / mm / yyyy Time: _____

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.

Bed time: _____ Number of minutes: _____

Getting up time: _____ Hours of sleep per night: _____

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

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

Cannot get to sleep within 30 minutes

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

Wake up in the middle of the night or early morning

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

Have to get up to use the bathroom

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

Cannot breathe comfortably

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

Cough or snore loudly

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

Feel too cold

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

Feel too hot

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

Had bad dreams

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

Have pain

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

Other reason(s), please describe

How often during the past month have you had trouble sleeping because of this?

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

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

☐ Very good ☐ Fairly good ☐ Fairly bad ☐ Very bad

During the past month... How often have you taken medicine to help you sleep (prescribed or over the counter)?

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

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 ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

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 ☐ Only a very slight problem ☐ Somewhat of a problem ☐ A very big problem

Do you have a bed partner or room mate?

- ☐ No bed partner or roommate ☐ Partner / roommate in other room ☐ Partner in same room, but not same bed
☐ 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...

Loud snoring

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

Long pauses between breaths while asleep

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

Legs twitching or jerking while you sleep

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

Episodes of disorientation or confusion during sleep

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

Other restlessness while you sleep; please describe

How often?

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