

The Pittsburgh Sleep Quality Index (PSQI)

Name: _____

Date: _____

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.

During the past month,

1. When have you usually gone to bed? _____
2. How long (in minutes) has it taken you to fall asleep each night? _____
3. When have you usually gotten up in the morning? _____
4. How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed) _____

Please check the appropriate blank below.

	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or More times a week (3)
5. During the past month, how often have you had trouble sleeping because you...				
a. Cannot get to sleep within 30 minutes	a. _____	_____	_____	_____
b. Wake up in the middle of the night or early morning	b. _____	_____	_____	_____
c. Have to get up to use the bathroom	c. _____	_____	_____	_____
d. Cannot breathe comfortable	d. _____	_____	_____	_____
e. Cough or snore loudly	e. _____	_____	_____	_____
f. Feel too cold	f. _____	_____	_____	_____
g. Feel too hot	g. _____	_____	_____	_____
h. Have bad dreams	h. _____	_____	_____	_____
i. Have pain	i. _____	_____	_____	_____
j. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s):	j. _____	_____	_____	_____
6. During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?	6. _____	_____	_____	_____
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	7. _____	_____	_____	_____
8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	8. _____	_____	_____	_____
	Very good (0)	Fairly good (1)	Fairly bad (2)	Very bad (3)
9. During the past month, how would you rate your sleep quality overall?	9. _____	_____	_____	_____

Physician Determined Global PSQI Score: _____