

The Pittsburgh Sleep Quality Index (PSQI)

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.)				
5	How long do you spend time in bed? (Number hours in bed)				
During the past week, how often have you had trouble sleeping because you.....		Not during the past week (0)	Once (1)	Twice (2)	Three or more times (3)
6	Cannot get to sleep within 30 minutes				
7	Wake up in the middle of the night or early morning				
8	Have to get up to use the bathroom				
9	Cannot breathe comfortably				
10	Cough or snore loudly				
11	Feel too cold				
12	Feel too hot				
13	Have bad dreams				
14	Have pain				
15	Other reason(s). Please describe below, including how often you have had trouble sleeping because of this reason(s):				
16	During the past week, how often have you taken medicine (prescribed or Over the counter) to help you sleep?				
17	During the past week, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
18	During the past week, how much of a problem has it been for you to keep up enthusiasm to get things done?				
-		Very Good (0)	Fairly Good (1)	Fairly Bad (2)	Very Bad (3)
19	During the past week, how would you rate your sleep quality overall?				
For Clinician use only:					
20	Component 1": "#9 Score				

21	Component 2": "#2 Score (<=15 min = 0; 16-30 min = 1; 31-60 min = 2; >60 min = 3) + #5a Score	
22	Component 3": "#4 Score (>7 = 0; 6-7 = 1; 5-6 = 2; <5 = 3)	
23	Component 4": "#(total # of hours asleep) / (total # of hours in bed) x 100. >85% = 0; 75%-84% = 1; 65%-74% = 2; <65% = 3.", "C4":"_____	
24	Component 5": "#Sum of Scores #5b to #5j (0 = 0; 1-9 = 1; 10-18 = 2; 19-27 = 3)	
25	Component 6": "#6 Score	
26	Component 7": "#7 Score + #8 Score (0 = 0; 1-2 = 1; 3-4 = 2; 5-6 = 3)	