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## **Sleep Quality Assessment (PSQI)**

Name:	Date:			
Instructions: The following questions relate to your sleep should indicate the most accurate reply for the majority of day questions.				
During the past month,  1. What time do you usually go to bed?  2. How long (in minutes) does it take you to fall asleen 3. What time do you usually get up in the morning?  4. How many hours of actual sleep do you get a night?  a. How many hours were you in bed?				
5. During the past month, how often have you had trouble sleeping because you	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)
A. Can't go to sleep within 30 minutes.				
B. Wake up in the middle of the night or early morning.				
C. Have to get up to use the bathroom.				
D. Cannot breathe correctly.				
E. Cough or snore loudly.				
F. Feel too cold.				
G. Feel too hot.				
H. Have bad dreams.				
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?				

2 During the nest month how n	1 0 11 1 1				
	nuch of a problem has it				
been for you to keep up enthusia	sm to get things done?				
9. During the past month, how would you rate your sleep quality overall?		Very Good (0)	Fairly Good (1)	Fairly bad (2)	Very Bad (0)
Component 1 #9 Score	<b>Scori</b> (For Clinica	0		C1	
-	15 min (0), 16-30 min (	1), 31-60 min	(2), >60 mi	_	
Component 3 #4 Score (>7 (0), 6-7 (1), 5-6 (2), <5 (3))					
Component 4 (total # of hours asleep) / (total # of hours in bed) x 100					
Component 5 # sum of scores 5b to 5j (0=0; 1-9=1; 10-18=2; 19-27=3					
Component 6 #6 Score					
Component 7 #7 Score + #8 Score (0=0; 1-2=1; 3-4=2; 5-6=3)					

Add the seven component scores together \_\_\_\_\_ Global PSQI \_\_\_\_\_