## 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. During the past month,

1. When have you usu	ually gone to bed?				
2. How long (in minu	tes) has it taken you to fall asleep each night?				
3. When have you usu	ually gotten up in the morning?	-			
4. How many hours of	of actual sleep do you get at night? (This may be d	ifferent than the nun	nber of hours yo	u spend in bed)	
5. During the past mo	onth, how often have you g because you	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times week (3)
a. Cannot get to	sleep within 30 minutes				
	e middle of the night or early morning				
	to use the bathroom				
d. Cannot breath					
e. Cough or snor	re loudly				
f. Feel too cold	•				
g. Feel too hot					
h. Have bad drea	ums				
i. Have pain					
•	, please describe, including how often you le sleeping because of this reason(s):				
	nth, how often have you taken medicine the counter") to help you sleep?				
	nth, how often have you had trouble staying , eating meals, or engaging in social activity?				
	nth, how much of a problem has it been for usiasm to get things done?				
		Very good (0)	Fairly good (1)	Fairly bad (2)	Very bad (3)
9. During the past moquality overall?	onth, how would you rate your sleep				
Component 1	#9 Score				C1
Component 2	#2 Score (≤15min=0; 16-30 min=1; 31-60 min=2, >60 min=3) + #5a Score (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)				
Component 4	(total # of hours asleep)/(total # of hours in bed) x 100 >85%=0, 75%-84%=1, 65%-74%=2, <65%=3				
Component 5	Sum of Scores #5b to #5j (0=0; 1-9=1; 10-18=2; 19-27=3)				
Component 6	#6 Score				C6
Component 7	#7 Score + #8 Score (0=0; 1-2=1; 3-4=	2; 5-6=3)			C7

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