

# Pittsburgh Sleep Quality Index (PSQI)

Patient name: \_\_\_\_\_ ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**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.

## 1. During the past month, what time have you usually gone to bed at night?

Bed time:

## 2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

Number of minutes:

## 3. During the past month, what time have you usually gotten up in the morning?

Getting up time:

## 4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Hours of sleep per night:

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

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

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

Cannot get to sleep within 30 minutes

Wake up in the middle of the night or early morning

Have to get up to use the bathroom

Cannot breathe comfortably

Cough or snore loudly

Feel too cold

5. During the past month, how often have you had trouble sleeping because you...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Feel too hot				
Had bad dreams				
Have pain				
Other reason(s), please describe:				
How often during the past month have you had trouble sleeping because of this?				
<b>6. During the past month, how would you rate your sleep quality overall?</b>				
<input type="checkbox"/> Very good <input type="checkbox"/> Fairly good <input type="checkbox"/> Fairly bad <input type="checkbox"/> Very bad				
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
<b>7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?</b>				
<b>8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?</b>				
<b>9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?</b>				
<input type="checkbox"/> No problem at all <input type="checkbox"/> Only a very slight problem <input type="checkbox"/> Somewhat of a problem <input type="checkbox"/> A very big problem				

**10. 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...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Loud snoring				
Long pauses between breaths while asleep				
Legs twitching or jerking while you sleep				
Episodes of disorientation or confusion during sleep				
Other restlessness while you sleep; please describe:				
Other restlessness while you sleep				

Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. *Psychiatry Research*, 28(2), 193–213. [https://doi.org/10.1016/0165-1781\(89\)90047-4](https://doi.org/10.1016/0165-1781(89)90047-4)