

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.

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

USUAL BED TIME _____

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

NUMBER OF MINUTES _____

3. During the past month, when have you usually gotten up in the morning?

USUAL 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 spend in bed.)

HOURS OF SLEEP PER NIGHT _____

INSTRUCTIONS: 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 |
|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| (a) ...cannot get to sleep within 30 minutes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) ...wake up in the middle of the night or early morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) ...have to get up to use the bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) ...cannot breathe comfortably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) ...cough or snore loudly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) ...feel too cold | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) ...feel too hot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) ...had bad dreams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) ...have pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Other reason(s), please describe | | | | |

How often during the past month have you had trouble sleeping because of this?

| | Very good | Fairly good | Fairly bad | very bad |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. During the past month, how would you rate your sleep quality overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not during the past month | Less than once a week | Once or twice a week | Three or more times a week |
|---|---------------------------|--------------------------|--------------------------|----------------------------|
| 7. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No problem at all | Only a very slight problem | Somewhat of a problem | A very big problem |
|--|--------------------------|----------------------------|--------------------------|--------------------------|
| 9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No bed partner or roommate | Partner/ roommate in other room | Partner in same room, but not same bed | Partner in same bed |
|---|----------------------------|---------------------------------|--|--------------------------|
| 10. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have a roommate 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 |
|---|---------------------------|--------------------------|--------------------------|----------------------------|
| (a) ...loud snoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) ...long pauses between breaths while asleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) ...legs twitching or jerking while you sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) ...episodes of disorientation or confusion during sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Other restlessness while you sleep; please describe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SCORING INSTRUCTIONS FOR THE PITTSBURGH SLEEP QUALITY INDEX:

The Pittsburgh Sleep Quality Index (PSQI) contains 19 self-rated questions and 5 questions rated by the bed partner or roommate (if one is available). Only self-rated questions are included in the scoring. The 19 self-rated items are combined to form seven "component" scores, each of which has a range of 0-3 points. In all cases, a score of "0" indicates no difficulty, while a score of "3" indicates severe difficulty. The seven component scores are then added to yield one "global" score, with a range of 0-21 points, "0" indicating no difficulty and "21" indicating severe difficulties in all areas.

Scoring proceeds as follows:

Component 1: Subjective sleep quality

Examine question #6, and assign scores as follows:

| Response | Component 1 score |
|-----------------|--------------------------|
| "Very good" | 0 |
| "Fairly good" | 1 |
| "Fairly bad" | 2 |
| "Very bad" | 3 |

Component 1 score: _____

Component 2: Sleep latency

1. Examine question #2, and assign scores as follows:

| Response | Score |
|-----------------|--------------|
| ≤15 minutes | 0 |
| 16-30 minutes | 1 |
| 31-60 minutes | 2 |
| > 60 minutes | 3 |

Question #2 score: _____

2. Examine question #5a, and assign scores as follows:

| Response | Score |
|----------------------------|--------------|
| 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 |

Question #5a score: _____

3. Add #2 score and #5a score

Sum of #2 and #5a: _____

4. Assign component 2 score as follows:

| Sum of #2 and #5a | Component 2 score |
|--------------------------|--------------------------|
| 0 | 0 |
| 1-2 | 1 |
| 3-4 | 2 |
| 5-6 | 3 |

Component 3: Sleep duration

Examine question #4, and assign scores as follows:

| Response | Component 3 score |
|-----------|-------------------|
| > 7 hours | 0 |
| 6-7 hours | 1 |
| 5-6 hours | 2 |
| < 5 hours | 3 |

Component 3 score: _____

Component 4: Habitual sleep efficiency

1. Write the number of hours slept (question #4) here: _____

2. Calculate the number of hours spent in bed:

Getting up time (question #3): _____

Bedtime (question #1): _____

Number of hours spent in bed: _____

3. Calculate habitual sleep efficiency as follows:

(Number of hours slept/Number of hours spent in bed) X 100 = Habitual sleep efficiency (%)

(_____ / _____) X 100 = %

4. Assign component 4 score as follows:

| Habitual sleep efficiency % | Component 4 score |
|-----------------------------|-------------------|
| > 85% | 0 |
| 75-84% | 1 |
| 65-74% | 2 |
| < 65% | 3 |

Component 4 score: _____

Component 5: Step disturbances

1. Examine questions #5b-5j, and assign scores for each question as follows:

| Response | Score |
|----------------------------|--------------|
| 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 |
| <i>5b score:</i> | _____ |
| <i>5c score:</i> | _____ |
| <i>5d score:</i> | _____ |
| <i>5e score:</i> | _____ |
| <i>5f score:</i> | _____ |
| <i>5g score:</i> | _____ |
| <i>5h score:</i> | _____ |
| <i>5i score:</i> | _____ |
| <i>5j score:</i> | _____ |

2. Add the scores for questions #5b-5j:

Sum of #5b-5j: _____

3. Assign component 5 score as follows:

| Sum of #5b-5j | Component 5 score |
|----------------------|--------------------------|
| 0 | 0 |
| 1-9 | 1 |
| 10-18-4 | 2 |
| 19-27 | 3 |

Component 5 score: _____

Component 6: Use of sleeping medication

Examine question #7 and assign scores as follows:

| Response | Component 6 score |
|----------------------------|--------------------------|
| 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 |

Component 6 score: _____

Component 7: Daytime dysfunction

1. Examine question #8, and assign scores as follows:

| Response | Score |
|-------------------------------|-------|
| Never | 0 |
| Once or twice | 1 |
| Once or twice each week | 2 |
| Three or more times each week | 3 |

Question #8 score: _____

2. Examine question #9, and assign scores as follows:

| Response | Score |
|----------------------------|-------|
| No problem at all | 0 |
| Only a very slight problem | 1 |
| Somewhat of a problem | 2 |
| A very big problem | 3 |

Question #9 score: _____

3. Add the scores for question #8 and #9:

Sum of #8 and #9: _____

4. Assign component 7 score as follows:

| Sum of #8 and #9 | Component 7 score |
|------------------|-------------------|
| 0 | 0 |
| 1-2 | 1 |
| 3-4 | 2 |
| 5-6 | 3 |

Component 7 score: _____

Global PSQI Score

Add the seven component scores together:

Global PSQI Score: _____

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