



# Pittsburgh Sleep Quality Index

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 <u>actual sleep</u> 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 best response. Please answer **all** questions.

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
5. During the past month, how often have you had trouble sleeping because you....				
a. Cannot get 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 comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Had bad dreams				
i. Have pain				
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?				

	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 to help you sleep (prescribed or "over the counter")?				
8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				

	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?				

	No bed partner or room mate	Partner/room mate in other room	Partner in same room, but not in same bed	Partner in same bed
10. Do you have a bed partner or room mate?				
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
<b>If you have a room mate or bed partner, ask him/her how often in the past month you have had....</b>				
a. Loud snoring				
b. Long pauses between breath while asleep				
c. Legs twitching or jerking while you sleep				
d. Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep, please describe: _____ _____				

Please indicate your preferred method to obtain the results of your PSQI:

- Follow up appointment
- Secured Messaging
- Email: \_\_\_\_\_

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