Attachment D12

Pittsburgh Sleep Quality Index

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/20xx

Pittsburgh Sleep Quality Index

III. 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**.

1. During the past month, when have you usually gone to bed?
   ___ ___: ___ ___ ☐ AM ☐ PM

2. During the past month, how long, in minutes, has it usually taken you to fall asleep?
   ___ ___ minutes

3. During the past month, when have you usually gotten up?
   ___ ___: ___ ___ ☐ AM ☐ PM

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

5. For the remaining questions, please check the one best response. Please answer ALL questions.

During the **PAST MONTH,** how often have you had trouble sleeping because you . . .

		Not during the past month (1)	**Less than once a week** (2)	**Once or twice a week** (3)	**Three or more times a week** (4)
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 and use the bathroom	☐	☐	☐	☐
D	Cannot breathe comfortably	☐	☐	☐	☐
E	Cough or snore loudly	☐	☐	☐	☐
F	Feel too cold	☐	☐	☐	☐
G	Feel too hot	☐	☐	☐	☐
H	Have bad dreams	☐	☐	☐	☐
I	Have pain	☐	☐	☐	☐
J	Other reasons Please describe: _____ _____	☐	☐	☐	☐

6. During the past month, how would you rate your sleep quality overall?
   - ☐ (1) Very good
   - ☐ (2) Fairly good
   - ☐ (3) Fairly bad
   - ☐ (4) Very bad

7. During the past month, how often have you taken medicine (prescribed or “over the counter) to help you sleep?
   - ☐ (1) Not during the past month
   - ☐ (2) Less than once a week
   - ☐ (3) Once or twice a week
   - ☐ (4) Three or more times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?
   - ☐ (1) Not during the past month
   - ☐ (2) Less than once a week
   - ☐ (3) Once or twice a week
   - ☐ (4) Three or more times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?
   - ☐ (1) No problem at all
   - ☐ (2) Only a very slight problem
   - ☐ (3) Somewhat of a problem
   - ☐ (4) A very big problem

10. Do you have a bed partner or share a room?
    - ☐ (1) No bed partner or do not share a room
    - ☐ (2) Partner/mate in other room
    - ☐ (3) Partner in same room, but not in same bed
    - ☐ (4) Partner in same bed