Purpose As psychiatric disorders are often associated with sleep disturbances, the PSQI was designed to evaluate overall sleep quality in these clinical populations. Each of the questionnaire's 19 self-reported items belongs to one of seven subcategories: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction. Five additional questions rated by the respondent's roommate or bed partner are included for clinical purposes and are not scored.

Population for Testing The developers' initial psychometric analysis of the instrument was conducted with individuals aged 24–83 years [1]. The questionnaire has been validated with a variety of clinical populations, including: patients with major depressive disorder, disorders of initiating and maintaining sleep, disorders of excessive somnolence, cancer [2], and fibromyalgia [3].

Administration A self-report, pencil-and-paper measure, the instrument should require between 5 and 10 min for completion.

Reliability and Validity Though there have been a variety of studies assessing the psychometric properties of the scale, the developers'

initial evaluation [1] found an internal reliability of α =.83, a test–retest reliability of .85 for the global scale, a sensitivity of 89.6%, and a specificity of 86.5%.

Obtaining a Copy A copy can be found in the original article published by developers [1].

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Scoring A detailed guide to scoring is included in the original published article [1]. The questionnaire consists of a combination of Likert-type and open-ended questions (later converted to scaled scores using provided guidelines). Respondents are asked to indicate how frequently they have experienced certain sleep difficulties over the past month and to rate their overall sleep quality. Scores for each question range from 0 to 3, with higher scores indicating more acute sleep disturbances. Developers have suggested a cut-off score of 5 for the global scale as it correctly identified 88.5% of the patient group in their validation study.

					Page 1 of 4	
Subject's InitialsID#		Date			AM PM	
	PITTSBURGH SLEEP QUALITY INDEX					
The f				the past month <u>only</u> . Your all e past month. Please answel		ate
1.	During the past m	onth, what time have	you usually gone t	o bed at night?		
	BED TIME					
2.	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 m	onth, what time have	you usually gotten	up in the morning?		
		GETTING UP	TIME	_		
4.						an
	HOURS OF SLEEP PER NIGHT					
For ea	ch of the remainin	g questions, check t	he one best respo	onse. Please answer <u>all</u> que	estions.	
5.	During the past m	onth, how often have	you had trouble sl	eeping because you		
a)	Cannot get to sleep within 30 minutes					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week		
b)	Wake up in the middle of the night or early morning					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week		
c) Have to get up to use the bathroom						
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week		

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d)	Cannot breathe comfortably					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	_	
e)	Cough or snore loudly					
	Not during the past month		Once or twice a week	Three or more times a week	_	
f)	Feel too cold					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	_	
g)	Feel too hot					
	Not during the past month		Once or twice a week	Three or more times a week	_	
h)	Had bad dreams					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	_	
i)	Have pain					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	_	
j)	Other reason(s), pl	ease describe				
	How often during the past month have you had trouble sleeping because of this?					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	-	
6.	During the past month, how would you rate your sleep quality overall?					
	Very good					
Fairly good						
		Very bad				

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7.	During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?					
	Not during the Less than Once or twice a week 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?					
	Not during the Less than Once or twice past month once a week a week 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?					
	No problem at all					
	Only a very slight problem					
	Somewhat of a problem					
	A very big problem					
10.	Do you have a bed partner or room mate?					
	No bed partner or room mate					
	Partner/room mate in other room					
	Partner in same room, but not same bed					
	Partner in same bed					
If yo	u have a room mate or bed partner, ask him/her how often in the past month you have had					
a)	Loud snoring					
	Not during the Less than Once or twice a week Three or more times a week times a week					
b)	Long pauses between breaths while asleep					
	Not during the Less than Once or twice Three or more past month once a week a week					
c)	Legs twitching or jerking while you sleep					
	Not during the Less than Once or twice past month once a week a week times a week					

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d)	Enjendes of disc	rientation or confusi	on during sleen		1 490 1 01 1	
u)	Lpisodes of diso					
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week		
e)	Other restlessnes	Other restlessness while you sleep; please describe				
	Not during the past month_	Less than once a week	Once or twice a week	Three or more times a week		

This form may only be used for non-commercial education and research purposes. If you would like to use this instrument for commercial purposes or for commercially sponsored research, please contact the Office of Technology Management at the University of Pittsburgh at 412-648-2206 for licensing information.

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