Pittsburgh Sleep Quality Index (PSQI)

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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 Likerttype 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 cutoff score of 5 for the global scale as it correctly identified 88.5% of the patient group in their validation study.

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Subje	ct's Initials	ID#		Da	ate	Time	AM PM
		PITTSBURGH	SLEEP QUALITY I	NDEX			
The		relate to your usual / for the <u>majority</u> of c				ur answers should in swer all questions.	dicate
1.	During the past m	nonth, what time hav	e you usually gone	to bed at ni	ght?		
		BED T	IME				
2.	During the past m	ionth, how long (in m	iinutes) has it usuall	y taken you	to fall asleep	each night?	
		NUMBER OF	MINUTES				
3.	During the past m	nonth, what time hav	e you usually gotter	n up in the r	norning?		
		GETTING L	JP TIME	_			
4.		nonth, how many ho urs you spent in bed		did you ge	t at night? (7	This may be different	than
		HOURS OF SLEE	P PER NIGHT				
For ea	ach of the remainin	ng questions, checl	the one best resp	onse. Plea	se answer <u>al</u>	questions.	
5.	During the past m	nonth, how often hav	re you had trouble s	leeping bec	ause you		
a)	Cannot get to sle	ep within 30 minutes	3				
	Not during the past month	Less than once a week	Once or twice a week	Three or times a w			
b)	Wake up in the n	niddle of the night or	early morning				
	Not during the past month	Less than once a week	Once or twice a week	Three or times a w			
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 times a w			

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d)	Cannot breathe co	omfortably		
	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 lo	udly		
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
f)	Feel too cold			
	Not during the past month		Once or twice a week	Three or more times a week
g)	Feel too hot			
	Not during the past month	Less than once a week	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), p	lease describe		
	-	a na nacion	1 (14)00 (1477) (1477)	
		he past month have yo	NAMES OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTIONO	
	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 me	onth, how would you ra	ite your sleep qualit	y overall?
		Very good		
		Fairly good		

Fairly bad _____ Very bad _____ 281

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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	Three or more
past month	once a week	_ a week	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	Three or more
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	×3
	Only a very slight problem	iz <u></u> 33
	Somewhat of a problem	. <u> </u>
	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

Less than

once a week_

If you 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

past month_

	Not during the past month	Less than _ once a week	Once or twice a week	Three or more times a week
b)	Long pauses bet	ween breaths while	asleep	
	Not during the past month	Less than _ once a week	Once or twice a week	Three or more times a week
c)	Legs twitching or	jerking while you s	eep	

Once or twice	Three or more
a week	times a week_

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d) Episodes of disorientation or confusion during sleep

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	
Other restless	ess while you sleep; p	lease describe		
Other restlessin	ess while you sleep, p	lease describe		
	ess while you sleep, p			
Not during the	Less than	Once or twice	Three or more	

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