

Date

Name:	DOB:
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PSQI

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?			
	BEDTIME	On weekdays:	On weekends	
2	During the past month, what time have you usually gotten up in the morning?			
	GETTING UP TIME	On week days:	On weekends:	
3	During the past month, how long (in minutes) does it usually takes you to fall asleep each night?		NUMBER OF MINUTES:	
4	During the past month, how many hours of <u>actual sleep</u> did you get at night? <i>(This may be different than the number of hours you spent in bed).</i>		HOURS OF SLEEP PER NIGHT:	

For each of the remaining questions, tick (✓) the one best response.

Please answer all questions.

5	During the past month, how often have you had trouble sleeping because you ...				
A	Cannot get to sleep within 30 minutes				
	Not during the last 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 last 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 last month	Less than once a week	Once or twice a week	Three or more times a week	

D	Cannot breathe comfortably				
	Not during the last 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 last month	Less than once a week	Once or twice a week	Three or more times a week	
F	Feel too cold				
	Not during the last month	Less than once a week	Once or twice a week	Three or more times a week	
G	Feel too hot				
	Not during the last month	Less than once a week	Once or twice a week	Three or more times a week	
H	Had bad dreams				
	Not during the last month	Less than once a week	Once or twice a week	Three or more times a week	
I	Have pain				
	Not during the last month	Less than once a week	Once or twice a week	Three or more times a week	
J	Other reasons – (please describe below)				
	How often during the past month have you had trouble sleeping because of this?				
	Not during the last 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 the sleep quality overall?					
	Very good		Fairly good		Fairly bad	
7	During the past month, how often have you taken medicine to help you sleep (prescribed by your doctor, or purchased over the counter)					
	Not during the past month		Less than once a week		Once or twice 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 past month		Less than once a week		Once or twice 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	