

Pittsburgh Sleep Quality Index

Entry	Item	Scoring			
		0	1	2	3
1	During the past month, when have you usually gone to bed at night? _____				
2	During the past month, how long has it usually takes you to fall asleep each night?	<input type="checkbox"/> ≤ 15 minutes	<input type="checkbox"/> 16~30 minutes	<input type="checkbox"/> 31~60 minutes	<input type="checkbox"/> ≥ 60 minutes
3	During the past month, when have you usually gotten up in the morning? _____				
4	During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.) _____				
5	During the past month, you have been troubled by the following conditions that affect your sleep:				
	a. Difficulty in falling asleep (Cannot get to sleep within 30 minutes)	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	b. Wake up in the middle of the night or early morning	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	c. Have to get up to use the bathroom	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	d. Cannot breathe comfortably	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	e. Cough or snore loudly	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	f. Feel too cold	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	g. Feel too hot	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	h. Had bad dreams	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week

			past month	a week	twice a week	times a week
	i. Have pain		<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
	j. Other reasons, please describe: How often during the past month have you had trouble sleeping because of this?		<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
6	During the past month, how would you rate your sleep quality overall?		<input type="checkbox"/> Very good	<input type="checkbox"/> Fairly good	<input type="checkbox"/> Fairly bad	<input type="checkbox"/> Very bad
7	During the past month, how often have you taken medicine to help you sleep?		<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> 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?		<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> 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?		<input type="checkbox"/> No problem at all	<input type="checkbox"/> Only a very slight problem	<input type="checkbox"/> Somewhat of a problem	<input type="checkbox"/> A very big problem

Scoring method:

Entry	Content	Scoring			
		0	1	2	3
Sleep quality	6	<input type="checkbox"/> Very good	<input type="checkbox"/> Fairly good	<input type="checkbox"/> Fairly bad	<input type="checkbox"/> Very bad
Sleep latency	2+5a	<input type="checkbox"/> 0	<input type="checkbox"/> 1~2	<input type="checkbox"/> 3~4	<input type="checkbox"/> 5~6
Sleep duration	4	<input type="checkbox"/> >7h	<input type="checkbox"/> 6~7h (excluding 6h)	<input type="checkbox"/> 5~6 (including 6h)	<input type="checkbox"/> <5h
Sleep efficiency	1, 3, 4	<input type="checkbox"/> >85%	<input type="checkbox"/> 75~85% (excluding 75%)	<input type="checkbox"/> 65~75% (including 75%)	<input type="checkbox"/> <65%
Sleep disturbance	5b+5c+5d+5e+5f+5g+5h+5i+5j	<input type="checkbox"/> 0	<input type="checkbox"/> 1~9	<input type="checkbox"/> 10~18	<input type="checkbox"/> 19~27
Sleeping medication	7	<input type="checkbox"/> Not during the past month	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Three or more times a week
Daytime dysfunction	8+9	<input type="checkbox"/> 0	<input type="checkbox"/> 1~2	<input type="checkbox"/> 3~4	<input type="checkbox"/> 5~6

* Sleep efficiency is calculated by

$$\text{Sleep efficiency} = \frac{4(\text{sleep disturbance})}{3(\text{wake up time}) - 1(\text{bedtime})} \times 100\%$$