

Participant ID: _____
Evaluator: _____

Date: _____
Appointment: _____

PITTSBURGH SLEEP QUALITY INDEX (PSQI) And Addendum for PTSD

Instructions:

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 the days and nights in the past month. Use a 24 hour clock for all times. Please answer all questions.

1. During the past month, what time have you usually gone to bed at night?

BED TIME _____

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 month, what time have you usually gotten up in the morning?

GETTING UP TIME _____

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 spent in bed.)

HOURS OF SLEEP PER NIGHT _____

For each of the remaining questions, check the one best response. Please answer all questions.

5. During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes	0	1	2	3
b. Wake up in the middle of the night or early morning	0	1	2	3
c. Have to get up to use the bathroom	0	1	2	3
d. Cannot breathe comfortably	0	1	2	3
e. Cough or snore loudly	0	1	2	3
f. Feel too cold	0	1	2	3
g. Feel too hot	0	1	2	3
h. Had bad dreams	0	1	2	3
i. Have pain	0	1	2	3
j. Other reason(s), please describe: _____	0	1	2	3

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6. During the past month, how would you rate your sleep quality overall?

Very good (0)

Fairly good (1)

Fairly bad (2)

Very bad (3)

7. During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)?

Not during the past
month (0)

Less than once a
week (1)

Once or twice a
week (2)

Three or more times a
week (3)

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 (0)

Less than once a
week (1)

Once or twice a
week (2)

Three or more times a
week (3)

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 (0)

Only a very slight
problem (1)

Somewhat of a
problem (2)

A very big problem (3)

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***Please answer the following additional questions regarding your sleep in the past month.
Include any observations from your bed partner / roommate.***

10. During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Feel hot flashes	0	1	2	3
b. Feel general nervousness	0	1	2	3
c. Had memories or nightmares of a traumatic experience	0	1	2	3
d. Had severe anxiety or panic, not related to traumatic memories	0	1	2	3
e. Had bad dreams, not related to traumatic memories	0	1	2	3
f. Had episodes of terror or screaming during sleep without fully awakening	0	1	2	3
g. Had episodes of "acting out" your dreams, such as kicking, punching, running, or screaming	0	1	2	3

11. If you had memories or nightmares of a traumatic experience during sleep (question 10c above) ...

a. How much anxiety did you feel during the memories / nightmares?

None (0) Very little (1) Moderate (2) Severe (3)

b. How much anger did you feel during the memories / nightmares?

None (0) Very little (1) Moderate (2) Severe (3)

c. What time of night did most memories / nightmares occur?

Early in the night (0) Middle of the night (1) Late night near morning (2) No particular time (3)