	Participant ID:	**Participant Initials:**
	Site:	**Visit Number:**
	CRF Date:	**RC ID:**

SLEEP DISTURBANCES: PITTSBURGH SLEEP QUALITY INDEX (PSQI)

Display Name- 24 hours: Sleep Disturbances

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.

1. During the past month, what time have you usually gone to bed at night?	Usual bed time: ___:___ (AM/PM)
2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?	Time in Minutes _____
3. During the past month, when have you usually gotten up in the morning?	___:___ (AM/PM)
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 _____
During the past month, how often have you had trouble sleeping 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
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 ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

SLEEP DISTURBANCES: PITTSBURGH SLEEP QUALITY INDEX (PSQI)

Display Name- 24 hours: Sleep Disturbances

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 ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week
h. Have 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. Are there other reason(s) you struggle to fall asleep in 30 minutes?	☐ Yes ☐ No (If No, Skip to Qm)
k. Please describe the other reason(s) you struggle to fall asleep in 30 minutes:	Please describe: _____ _____ _____
l. 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
m. During the past month, how would you rate your sleep quality overall?	☐ Very good ☐ Fairly good ☐ Fairly bad ☐ Very bad
5. During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)?	☐ 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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SLEEP DISTURBANCES: PITTSBURGH SLEEP QUALITY INDEX (PSQI)

Display Name- 24 hours: Sleep Disturbances

6. 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 ☐ Three or more times a week
7. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	☐ Not a problem at all ☐ Only a very slight problem ☐ Somewhat of a problem ☐ A very big problem
8. Do you have a bed partner or roommate?	☐ No bed partner or roommate (Skip to end of questionnaire) ☐ Partner/roommate in other room ☐ Partner in same room but not same bed ☐ Partner in same bed
If you have a roommate or bed partner, ask him/her/them how often in the past month you have had:	
a. Loud snoring	☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week
b. Long pauses between 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 sleep	☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week
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
e. Other restlessness while you sleep?	☐ Yes ☐ No (Skip to end of questionnaire)

SLEEP DISTURBANCES: PITTSBURGH SLEEP QUALITY INDEX (PSQI)

Display Name- 24 hours: Sleep Disturbances

f. Please describe the other causes of restlessness while you sleep:	- _____ _____
g. How often during the past month has this happened?	☐ Not during the past month ☐ Less than once a week ☐ Once or twice a week ☐ Three or more times a week

Thank You for Completing this Questionnaire!

For Research Coordinator use only: CRF was: ❑ Self-administered ❑ Interviewer-administered