

## Sleep Quality Assessment

*Adapted from the PSQI*

**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 days and nights in the past month. Please answer all questions.

SECTION A	0 points	1 point	2 points	3 points
1. During the past month, how long (in minutes) has it taken you to fall asleep each night?	< 15 minutes	16-30 minutes	31-60 minutes	> 60 minutes
2. During the past month, what time have you usually gotten up in the morning?	Later than 7 AM	6AM - 7AM	5AM – 6AM	Before 5 AM
3. During the past month, how often have you had trouble sleep because you couldn't 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>SECTION A SCORE:</b> _____				

SECTION B			
4A. During the past month, how many hours of actual sleep do you get in a typical at night?		4A/4B x 100	<b>SECTION B SCORE:</b> >85% = 0 75%-84% = 1 65%-74% = 2 <65% = 3
4B. During the past month, how many hours are you in bed on a typical night?		_____	

SECTION C				
5. During the past month, how often have you had trouble sleep because you...	Not during the past month (0 points)	Less than once a week (1 point)	Once or twice a week (2 points)	Three or more times a week (3 points)
Wake up in the middle of the night or early morning				
Have to get up to use the bathroom				
Cannot breathe comfortable				
Cough or snore loudly				
Feel too cold				
Feel too hot				
Have bad dreams				
Have pain				
Other reason(s)				
<i>If the sum of points 5A-5I were:</i> 0 you get <b>0 total points</b> 1-9 you get <b>1 total point</b> 10-18 you get <b>2 total points</b> 19-27 you get <b>3 total points</b>				
<b>SECTION C SCORE:</b> _____				

SECTION D	Not during the past month (0 points)	Less than once a week (1 point)	Once or twice a week (2 points)	Three or more times a week (3 points)
6. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?				
9. During the past month, how would you rate your sleep quality overall?	Very good (0 points)	Fairly good (1 points)	Fairly bad (2 points)	Very bad (3 points)
<b>SECTION D SCORE:</b> _____				

**ADD ALL SECTION SCORES =** \_\_\_\_\_

*A total score of 5 or greater is indicative of poor sleep quality.*