

Dataset name: psqi_v2.1

Participant ID pid Acrostic acrostic
Interviewer compby V.C. vc
Date of Visit vis_dat (mm/dd/yyyy)

PITTSBURGH SLEEP QUALITY INDEX (PSQI)

CRF 2.1

Pre-Interview Instructions to Participant:

“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. Please answer all questions.”

During the past month.....

1. At what hour have you usually gone to bed? tobedhr_psqi (24 hour clock)
2. How long (in minutes) has it taken you to fall asleep each night? fallasleep_psqi (minutes)
3. At what hour have you usually gotten up in the morning? arisehr_psqi (24 hour clock)
4. How many hours of actual sleep did you get last night? (This may be different than the hours you spend in bed.) sleephrs_psqi (hours)

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

5. Cannot get to sleep with 30 minutes? insomnia_psqi
-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing
6. Wake up in the middle of the night or early morning? wakeful_psqi
-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing
7. Have to get up to use the bathroom? bathroom_psqi
-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week

4 3 or more times a week
-6 Permanently Missing

8. Cannot breathe comfortably? breathing_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

9. Cough or snore loudly?

snoring_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

10. Feel too cold?

cold_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

11. Feel too hot?

hot_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

12. Have bad dreams?

nightmares_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

13. Have pain?

pain_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

14. Other reasons(s), please describe, including how often you have had trouble sleeping because of this reason(s):

other_psqi

-9 -
1 Not during the past month
2 LT once a week
3 Once or twice a week
4 3 or more times a week
-6 Permanently Missing

otherspc_psqi

15. During the past month, how

medsleep_psqi

-9 -

often have you taken
medicine (prescribed or “over
the counter”) to help you
sleep?

- 1 Not during the past month
- 2 LT once a week
- 3 Once or twice a week
- 4 3 or more times a week
- 6 Permanently Missing

-

16. During the past month, how
often have you had trouble
staying awake while driving,
eating meals, or engaging in
social activities?

drowsy_psqi

- 9 -
- 1 Not during the past month
- 2 LT once a week
- 3 Once or twice a week
- 4 3 or more times a week
- 6 Permanently Missing

-

17. During the past month, how
much of a problem has it been
for you to keep enthusiasm to
get things done?

enthused_psqi

- 9 -
- 1 Not during the past month
- 2 LT once a week
- 3 Once or twice a week
- 4 3 or more times a week
- 6 Permanently Missing

-

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

sleepqual_psqi

- 9 -
- 1 Very good
- 2 Fairly good
- 3 Fairly bad
- 4 Very bad
- 6 Permanently Missing

-

Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish

-

Participant ID (affix ID label here)	LIFE	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interviewer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Visit Code <input type="text"/> <input type="text"/> <input type="text"/>	Date of Visit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year
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PITTSBURGH SLEEP QUALITY INDEX (PSQI)

Pre-Interview Instructions to Participant: “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. Please answer all questions.”				
During the past month.....				
1. At what hour have you usually gone to bed?	<input type="text"/> <input type="text"/>			
2. How long (in minutes) has it taken you to fall asleep each night?	<input type="text"/> <input type="text"/> <input type="text"/> Minutes			
3. At what hour have you usually gotten up in the morning?	<input type="text"/> <input type="text"/>			
4. How many hours of actual sleep did you get last night? (This may be different than the hours you spend in bed.)	<input type="text"/> <input type="text"/>			
During the past month, how often have you had trouble sleeping because you.....	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)
5. Cannot get to sleep with 30 minutes?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Wake up in the middle of the night or early morning?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Have to get up to use the bathroom?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Cannot breathe comfortably?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Cough or snore loudly?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Feel too cold?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Feel too hot?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Have bad dreams?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Have pain?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Other reasons(s), please describe, including how often you have had trouble sleeping because of this reason(s): _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant ID (affix ID label here)	<i>LIFE</i>	Acrostic <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Visit Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

	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)
15. During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. During the past month, how much of a problem has it been for you to keep enthusiasm to get things done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very good (0)	Fairly good (1)	Fairly bad (2)	Very bad (3)
18. During the past month, how would you rate your sleep quality overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pittsburgh Sleep Quality Index (PSQI)

Form Administration Instructions, References, and Scoring

Form Administration Instructions

The range of values for questions 5 through 10 are all 0 to 3.

Questions 1 through 9 are not allowed to be missing except as noted below. If these questions are missing then any scores calculated using missing questions are also missing. Thus it is important to make sure that all questions 1 through 9 have been answered.

In the event that a range is given for an answer (for example, '30 to 60' is written as the answer to Q2, minutes to fall asleep), split the difference and enter 45.

Reference

Buysse DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ: The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. *Psychiatry Research* 28:193-213, 1989.

Scores – reportable in publications

On May 20, 2005, on the instruction of Dr. Daniel J. Buysse, the scoring of the PSQI was changed to set the score for Q5J to 0 if either the comment or the value was missing. This may reduce the DISTB score by 1 point and the PSQI Total Score by 1 point.

PSQIDURAT

DURATION OF SLEEP

IF $Q4 \geq 7$, THEN set value to 0

IF $Q4 < 7$ and ≥ 6 , THEN set value to 1

IF $Q4 < 6$ and ≥ 5 , THEN set value to 2

IF $Q4 < 5$, THEN set value to 3

Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQIDISTB

SLEEP DISTURBANCE

IF $Q5b + Q5c + Q5d + Q5e + Q5f + Q5g + Q5h + Q5i + Q5j$ (IF Q5JCOM is null or Q5j is null, set the value of Q5j to 0) = 0, THEN set value to 0

IF $Q5b + Q5c + Q5d + Q5e + Q5f + Q5g + Q5h + Q5i + Q5j$ (IF Q5JCOM is null or Q5j is null, set the value of Q5j to 0) ≥ 1 and ≤ 9 , THEN set value to 1

IF $Q5b + Q5c + Q5d + Q5e + Q5f + Q5g + Q5h + Q5i + Q5j$ (IF Q5JCOM is null or Q5j is null, set the value of Q5j to 0) > 9 and ≤ 18 , THEN set value to 2

IF $Q5b + Q5c + Q5d + Q5e + Q5f + Q5g + Q5h + Q5i + Q5j$ (IF Q5JCOM is null or Q5j is null, set the value of Q5j to 0) > 18 , THEN set value to 3

Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQILATEN

SLEEP LATENCY

First, recode Q2 into Q2new thusly:

IF $Q2 \geq 0$ and ≤ 15 , THEN set value of Q2new to 0

IF $Q2 > 15$ and ≤ 30 , THEN set value of Q2new to 1

IF $Q2 > 30$ and ≤ 60 , THEN set value of Q2new to 2

IF $Q2 > 60$, THEN set value of Q2new to 3

Next

IF $Q5a + Q2_{new} = 0$, THEN set value to 0
IF $Q5a + Q2_{new} \geq 1$ and ≤ 2 , THEN set value to 1
IF $Q5a + Q2_{new} \geq 3$ and ≤ 4 , THEN set value to 2
IF $Q5a + Q2_{new} \geq 5$ and ≤ 6 , THEN set value to 3

Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQIDAYDYS**DAY DYSFUNCTION DUE TO SLEEPINESS**

IF $Q8 + Q9 = 0$, THEN set value to 0
IF $Q8 + Q9 \geq 1$ and ≤ 2 , THEN set value to 1
IF $Q8 + Q9 \geq 3$ and ≤ 4 , THEN set value to 2
IF $Q8 + Q9 \geq 5$ and ≤ 6 , THEN set value to 3
Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQIHSE**SLEEP EFFICIENCY**

Diffsec = Difference in seconds between day and time of day Q1 and day Q3
Diffhour = Absolute value of diffsec / 3600
newtib = IF diffhour > 24, then newtib = diffhour - 24
IF diffhour \leq 24, THEN newtib = diffhour
(NOTE, THE ABOVE JUST CALCULATES THE HOURS BETWEEN GNT (Q1)
AND GMT (Q3))
tmphse = $(Q4 / \text{newtib}) * 100$

IF tmphse \geq 85, THEN set value to 0
IF tmphse < 85 and \geq 75, THEN set value to 1
IF tmphse < 75 and \geq 65, THEN set value to 2
IF tmphse < 65, THEN set value to 3
Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQISLPQUAL**OVERALL SLEEP QUALITY**

Q6
Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQIMEDS**NEED MEDS TO SLEEP**

Q7
Minimum Score = 0 (better); Maximum Score = 3 (worse)

PSQI**TOTAL**

DURAT + DISTB + LATEN + DAYDYS + HSE + SLPQUAL + MEDS
Minimum Score = 0 (better); Maximum Score = 21 (worse)
Interpretation: TOTAL \leq 5 associated with good sleep quality
TOTAL > 5 associated with poor sleep quality