

B-PSQI

ID _____

Date / /
m m d d y y

Time _____ AM / PM

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.

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

BED TIME _____

2. During the past month, when have you usually gotten up in the morning?

GETTING UP TIME _____

3. During the past month, how long has it usually taken you to fall asleep each night?

NUMBER OF MINUTES _____

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 _____

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

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

Very good _____

Fairly good _____

Fairly bad _____

Very bad _____

This form may only be used for non-commercial education and research purposes. If you would like to use this instrument for commercial purposes or for commercially sponsored research, please contact the Office of Technology Management at the University of Pittsburgh at 412-648-2206 for licensing information.

© Copyright, 2019, University of Pittsburgh. All rights reserved. Developed by Daniel J. Buysse, C. F. Reynolds, T. H. Monk, S. R. Berman, and D. J. Kupfer of the University of Pittsburgh using National Institute of Mental Health Funding.

Sancho-Domingo C, Carballo JL, Coloma-Carmona A, Buysse DJ: *Psychological Assessment*, 33(2):111–121, 2021.