PIRS_20

ID ___ ___ ___ ___ ___ ___

Date ___ ___ / ___ ___ / ___ ___
m m d d y y

*The following questions ask about your sleep **in the past 7 days and nights**. Please circle the one **best** answer for each question.*

A. In the past week, how much were you bothered by:	**Not at all bothered**	**Slightly bothered**	**Moderately bothered**	**Severely bothered**
1. One or more awakenings after getting to sleep	0	1	2	3
2. Not getting enough sleep	0	1	2	3
3. Sleep that doesn't fully refresh you	0	1	2	3
4. Poor alertness during the daytime	0	1	2	3
5. Difficulty keeping your thoughts focused	0	1	2	3
6. Others noticing you appeared tired or fatigued	0	1	2	3
7. Too many difficulties to overcome	0	1	2	3
8. Bad mood(s) because you had poor sleep	0	1	2	3
9. Lack of energy because of poor sleep	0	1	2	3
10. Poor sleep that interferes with your relationships	0	1	2	3
11. Being unable to sleep	0	1	2	3
12. Being able to do only enough to get by	0	1	2	3

B. Please circle the best answer for each question about the past week:

13. From the time you tried to go to sleep, how long did it take to fall asleep on **most** nights?

    0 Less than ½ hour
    1 Between ½ to 1 hour
    2 Between 1 to 3 hours
    3 More than 3 hours or I didn't sleep

14. If you woke up during the night, how long did it take to fall back to sleep on **most** nights?

    0 Less than ½ hour or I didn't wake up
    1 Between ½ to 1 hour
    2 Between 1 to 3 hours
    3 More than 3 hours or I didn't fall back to sleep

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15. Not counting times when you were awake in bed, how many hours of **actual** sleep did you get during the **worst** night?

    0 More than 7 hours
    1 Between 4 to 7 hours
    2 Between 2 to 4 hours
    3 Less than 2 hours or I didn't sleep

16. On how many days did you have trouble coping **because of poor sleep**?

    0 None or 1 day
    1 On 2 or 3 days
    2 On 4 or 5 days
    3 On 6 or all days

C. Over the past week, how would you rate:	Excellent	Good	Fair	Poor
17. Your sleep quality, compared to most people	0	1	2	3
18. Your satisfaction with your sleep	0	1	2	3
19. The regularity of your sleep	0	1	2	3
20. The soundness of your sleep	0	1	2	3