

Pittsburgh Insomnia Rating Scale

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Name _____ ID# _____ Date _____

A. Overall sleep quality: Consider the quality of your sleep in the past 7 days. Then mark that point along the line that best describes your sleep quality in the past 7 days:

Horrible |-----| Wonderful

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

B. In the past week, how much were you <u>bothered</u> by:	Not at all bothered	Slightly bothered	Moderately bothered	Severely bothered
1. Difficulty getting to sleep at bedtime	0	1	2	3
2. One or more awakenings after getting to sleep	0	1	2	3
3. Waking up too early in the morning	0	1	2	3
4. Not getting enough sleep	0	1	2	3
5. Different sleep patterns from one night to the next	0	1	2	3
6. Sleep occurring at odd times or not at all	0	1	2	3
7. Intense or disturbing dreams	0	1	2	3
8. Sensations (like noises, hot or cold, pain) during the night	0	1	2	3
9. Physical tension at night	0	1	2	3
10. Moving too much in bed	0	1	2	3
11. Anxiety or worries about getting to sleep	0	1	2	3
12. Anxiety or worries about lack of sleep	0	1	2	3
13. Anxiety or worries about what might happen during sleep	0	1	2	3
14. General nervousness and stress	0	1	2	3
15. Poor sleeping causing you to feel stress	0	1	2	3
16. Stress causing poor sleeping	0	1	2	3
17. Your mind not slowing down at bedtime	0	1	2	3

In the past week, how much were you <u>bothered</u> by:	Not at all bothered	Slightly bothered	Moderately bothered	Severely bothered
18. Loss of desire for physical intimacy or sex	0	1	2	3
19. Sleep that doesn't fully refresh you	0	1	2	3
20. Difficulty waking up	0	1	2	3
21. Poor alertness during the daytime	0	1	2	3
22. Difficulty keeping your thoughts focused	0	1	2	3
23. Your mind never slowing down during the daytime	0	1	2	3
24. Difficulty remembering things	0	1	2	3
25. Difficulty thinking clearly and making decisions	0	1	2	3
26. Tiredness or fatigue	0	1	2	3
27. Dozing off or napping when you really didn't want to	0	1	2	3
28. Others noticing you appeared tired or fatigued	0	1	2	3
29. Too many difficulties to overcome	0	1	2	3
30. Being unsure about handling your personal problems	0	1	2	3
31. Being unsure about dealing with day-to-day problems	0	1	2	3
32. Irritation with sounds, sights, or sensations during the day	0	1	2	3
33. Bad mood(s) because you had poor sleep	0	1	2	3
34. Irritation with people even when they were polite	0	1	2	3
35. Difficulty controlling your emotions	0	1	2	3
36. Needing to keep quiet around other people	0	1	2	3
37. Lack of energy because of poor sleep	0	1	2	3
38. Poor sleep that interferes with your relationships	0	1	2	3
39. Feeling sleepy	0	1	2	3
40. Being unable to sleep	0	1	2	3
41. Feeling that time itself slowed down	0	1	2	3
42. Being able to do only enough to get by	0	1	2	3
43. Difficulty getting along with other people	0	1	2	3
44. Physical clumsiness	0	1	2	3
45. Feeling physically ill or prone to infections	0	1	2	3
46. Being forced to pay special attention to what you eat or what you do so that you can sleep better	0	1	2	3

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

47. From the time you tried to go to sleep, how long did it take to fall asleep on the **worst** night?

- 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.

48. 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.

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

- 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.

50. 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.

51. 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.

52. Not counting times when you were awake in bed, how many hours of **actual** sleep did you get during **most** nights?

- 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.

53. On how many nights did it take **longer** than 30 minutes to fall to sleep?
- 0 None or 1 night
 - 1 On 2 or 3 nights
 - 2 On 4 or 5 nights
 - 3 On 6 or all nights
54. On how many nights did you wake up and have **trouble falling back** to sleep?
- 0 None or 1 night
 - 1 On 2 or 3 nights
 - 2 On 4 or 5 nights
 - 3 On 6 or all nights
55. On how many mornings did you wake up **not fully rested**?
- 0 None or 1 morning
 - 1 On 2 or 3 mornings
 - 2 On 4 or 5 mornings
 - 3 On 6 or all mornings
56. 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

D. Over the past week, how would you rate:	Excellent	Good	Fair	Poor
57. Your sleep quality, compared to most people	0	1	2	3
58. Your satisfaction with your sleep	0	1	2	3
59. Your ability to get things done, compared to your best ..	0	1	2	3
60. Your satisfaction with how you got things done	0	1	2	3
61. The regularity of your sleep	0	1	2	3
62. The soundness of your sleep	0	1	2	3
63. How well you talked and communicated with others	0	1	2	3
64. Your sense of humor	0	1	2	3
65. Your quality of life	0	1	2	3
