



INSTRUCTIONS FOR PITTSBURG SLEEP QUALITY INDEX PSQ, VERSION 1.0 (QxQ)

I. GENERAL INSTRUCTIONS

The Pittsburgh Sleep Quality Index is filled out by the study coordinator at the baseline visit.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

FORM DATE: Record date this is being completed. Select the date from the pop up calendar or type in the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

INITIALS: Record the staff code of the person entering the data on this form. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Begin by reading the script in bold at the top of the screen:

“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.”

Items 1-4. Read each question aloud to the participant regarding what time they go to bed, what time they wake up in the morning and how much sleep they get each night. Record the answers in the space provided. For times be sure to select AM or PM from the drop down menu beside the space to enter time.

Item 5. Read the statement aloud to the participant followed by each of the symptoms. For each symptom select the best answer from the four answer choices that the participant gives. If the participant has trouble sleeping for a reason not listed select how often on item 5j and use the space provided to describe the reason or reasons.

Items 6-9. Read each question aloud to the participant and select the answer given.

Item 10. Read the statement aloud to the participant and select the answer given. If the participant does not have a bed partner or a roommate the final questions will be skipped and the form can be saved and closed. If the participant does have a bed partner or roommate, answer of item 11.

Item 11. Read the statement at the top of the page: *“If you have a roommate or bed partner, how often in the past month you have had.”* Then read each of the symptoms aloud to the participant and select how often each has occurred in the past month. If another cause of restlessness has occurring during the night in the past month select how often on item 11e and use the space provided to describe the restlessness.

Save and close the form.