

# The Pittsburgh Sleep Quality Index (PSQI) 

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WHY: Sleep is an important aspect of maintaining the body's circadian rhythm. Inadequate sleep contributes to heart disease, diabetes, depression, falls, accidents, impaired cognition, and a poor quality of life. While normal aging changes interfere with the quality of sleep, other disease conditions and medications used by older adults compromise sleep patterns. A nursing assessment of sleep begins with a comprehensive assessment of sleep quality and sleep patterns. The nurse may be able to improve the sleep problem immediately with interventions or work with the health care team to assess the sleep issue in greater depth.

BEST TOOL: The Pittsburgh Sleep Quality Index (PSQI) is an effective instrument used to measure the quality and patterns of sleep in the older adult. It differentiates "poor" from "good" sleep by measuring seven domains: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction over the last month. The client self rates each of these seven areas of sleep. Scoring of the answers is based on a 0 to 3 scale, whereby 3 reflects the negative extreme on the Likert Scale. A global sum of " 5 " or greater indicates a "poor" sleeper. Although there are several questions that request the evaluation of the client's bedmate or roommate, these are not scored, nor reflected in the attached instrument. An update to the scoring: if 5 J is not complete or the value is missing, it now counts as a " 0 ". More information on administration and scoring is available at the University of Pittsburgh, Sleep Medicine Institute, Pittsburgh Sleep Quality Index (PSQI) website at http://www.sleep.pitt.edu/content.asp?id=1484\&subid=2316.

TARGET POPULATION: The PSQI can be used for both an initial assessment and ongoing comparative measurements with older adults across the health care continuum.

VALIDITY AND RELIABILITY: The PSQI has internal consistency and a reliability coefficient (Cronbach's alpha) of 0.83 for its seven components. Numerous studies using the PSQI in a variety of older adult populations internationally have supported high validity and reliability.

STRENGTHS AND LIMITATIONS: The PSQI is a subjective measure of sleep. Self reporting by clients though empowering, may can reflect inaccurate information if the client has difficulty understanding what is written, or cannot see or physically write out responses. The scale has been translated into over 56 languages. For those with visual impairments, the nurse can read the PSQI as written to the client.

## MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.
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Taibi, D.M., Vitiello M.V. (2011). A pilot study of gentle yoga for sleep disturbance in women with osteoarthritis. Sleep Med, 12(5), 512-517. Neale, A., Hwalek, M., Scott, R., Sengstock, M., \& Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test.

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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. During the past month,

1. When have you usually gone to bed? $\qquad$
2. How long (in minutes) has it taken you to fall asleep each night? $\qquad$
3. When have you usually gotten up in the morning? $\qquad$
4. How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed)

| 5. 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 week (3) |
| :---: | :---: | :---: | :---: | :---: |
| a. Cannot get to sleep within 30 minutes |  |  |  |  |
| b. Wake up in the middle of the night or early morning |  |  |  |  |
| c. Have to get up to use the bathroom |  |  |  |  |
| d. Cannot breathe comfortably |  |  |  |  |
| e. Cough or snore loudly |  |  |  |  |
| f. Feel too cold |  |  |  |  |
| g. Feel too hot |  |  |  |  |
| h. Have bad dreams |  |  |  |  |
| i. Have pain |  |  |  |  |
| j. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s): |  |  |  |  |
| 6. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep? |  |  |  |  |
| 7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? |  |  |  |  |
| 8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done? |  |  |  |  |
|  | Very good (0) | Fairly good (1) | Fairly bad (2) | Very bad (3) |
| 9. During the past month, how would you rate your sleep quality overall? |  |  |  |  |


| Component 1 | \#9 Score. |
| :---: | :---: |
| Component 2 | \#2 Score ( $\leq 15 \min =0 ; 16-30 \min =1 ; 31-60 \min =2,>60 \min =3$ ) + \#5a Score <br> (if sum is equal $0=0 ; 1-2=1 ; 3-4=2 ; 5-6=3$ ). $\qquad$ C2 |
| Component 3 | \#4 Score ( $>7=0 ; 6-7=1 ; 5-6=2 ;<5=3$ ) ................................................................................. C3 |
| Component 4 | (total \# of hours asleep)/(total \# of hours in bed) x 100 $>85 \%=0,75 \%-84 \%=1,65 \%-74 \%=2,<65 \%=3 .$ $\qquad$ C4 |
| Component 5 | Sum of Scores \#5b to \#5j ( $0=0 ; 1-9=1 ; 10-18=2 ;$ |
| Component 6 | \#6 Score ............................................................................................................................... C6 |
| Component 7 |  |
|  | Add the seven component scores together ___ Global PSQI Score |
| Buysse, D.J., Reynolds III, C.F., Monk, T.H., Berman, S.R., \& Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. Journal of Psychiatric Research, 28(2), 193-213. |  |
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C1
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