

**TODAY2 Form PSQI, Pittsburgh Sleep Quality Index**

-  
Release Participant ID

RELEASEID

Release Visit Number

PVISIT

1. Days since Randomization:  DAYS

*Instructions: Self-administered validated questionnaire completed once at an annual visit. This form is completed by the participant to record and evaluate, in a standardized manner, the quality and patterns of sleep.*

*Form instructions are intended to be self-explanatory.*

2. What is your current employment/school status?

1 Currently employed or self-employed     2 Currently attending classes at a college, university, trade school, or other school     3 Neither    SPWRKSCH

a. If currently employed or self-employed or attending school, how many days do you work or go to school in a TYPICAL week?  Days    SPWKDAY

b. If currently employed or self-employed, does your job involve the following conditions (check as many as apply to you):

Working overnight shifts:  1 Yes     0 No    SPWRKOVER

Starting work before 6 AM:  1 Yes     0 No    SPWRK6AM

Rotating night and day shifts:  1 Yes     0 No    SPWRKROT

3. 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.

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

Usual BED TIME on WORK, SCHOOL OR WEEK DAYS  :  (24 hour clock)    SPBEDON

Usual BED TIME on NON-WORK, NON-SCHOOL, OR WEEKEND DAYS  :  (24 hour clock)    SPBEDOFF

b. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES     SPFALL

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

Usual GETTING UP Time on WORK, SCHOOL, OR WEEK DAYS  :  (24 hour clock)    SPUPON

Usual GETTING UP Time on NON-WORK, NON-SCHOOL, OR WEEKEND DAYS  :  (24 hour clock)    SPUPOFF

**TODAY2 Form PSQI, Pittsburgh Sleep Quality Index**

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Release Participant ID

|           |
|-----------|
| RELEASEID |
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|                      |                      |                      |                      |
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|----------------------|----------------------|----------------------|----------------------|

Release Visit Number

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| PVISIT |
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- d. During the past month, how many hours of actual sleep did you get at night on WORK, SCHOOL, OR WEEK DAYS and NON-WORK, NON-SCHOOL, OR WEEKEND DAYS? (This may be different than the number of hours you spend in bed.)

WORK, SCHOOL, OR WEEK DAYS Hours of Sleep per Night

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

hours

|         |
|---------|
| SPSLPON |
|---------|

NON-WORK, NON-SCHOOL, OR WEEKEND DAYS Hours of Sleep per Night

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

hours

|          |
|----------|
| SPSLPOFF |
|----------|

- e. If you could get as much sleep as you wanted in one night, how much sleep would you prefer to get?

PREFERED HOURS OF SLEEP PER NIGHT

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

hours

|           |
|-----------|
| SPSLPPREF |
|-----------|

For each question, check the one best response. Please answer all questions.

4. During the past month, how often have you had trouble sleeping because you...

- a. Cannot get to sleep within 30 minutes

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|      |
|------|
| SP30 |
|------|

- b. Wake up in the middle of the night or early morning

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|         |
|---------|
| SPEARLY |
|---------|

- c. Have to get up to use the bathroom

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|----------------------|
| <input type="text"/> |
|----------------------|

Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|        |
|--------|
| SPBATH |
|--------|

- d. Cannot breathe comfortably

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|----------------------|
| <input type="text"/> |
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Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|          |
|----------|
| SPBREATH |
|----------|

- e. Cough or snore loudly

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| <input type="text"/> |
|----------------------|

Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|         |
|---------|
| SPSNORE |
|---------|

- f. Feel too cold

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|----------------------|
| <input type="text"/> |
|----------------------|

Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|        |
|--------|
| SPCOLD |
|--------|

- g. Feel too hot

|                      |
|----------------------|
| <input type="text"/> |
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Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|       |
|-------|
| SPHOT |
|-------|

- h. Had bad dreams

|                      |
|----------------------|
| <input type="text"/> |
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Not during the past month

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Less than once a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Once or twice a week

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Three or more times a week

|         |
|---------|
| SPDREAM |
|---------|

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i. Have pain

1 Not during the past month     2 Less than once a week     3 Once or twice a week     4 Three or more times a week

j. How often did you have trouble sleeping for other reasons?

1 Not during the past month     2 Less than once a week     3 Once or twice a week     4 Three or more times a week

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

1 Very good     2 Fairly good     3 Fairly bad     4 Very bad

6. **During the past month**, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?

1 Not during the past month     2 Less than once a week     3 Once or twice a week     4 Three or more times a week

7. **During the past month**, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

1 Not during the past month     2 Less than once a week     3 Once or twice a week     4 Three or more times a week

8. **During the past month**, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

1 No problem at all     2 Only a very slight problem     3 Somewhat of a problem     4 A very big problem