



## Sleep Quality Questionnaire

During the past month				
1. When have you usually gone to bed?				
2. How long (in minutes) has it taken you to fall asleep each night?				
3. What time have you usually gotten up in the morning?				
4. A. How many hours of actual sleep did you get at night?				
B. How many hours were you 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 per week (1)	Once or twice per week (2)	Three or more times per 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				
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?				
9. During the past month, how would you rate your sleep quality overall?	Very good (0)	Fairly good (1)	Fairly bad (2)	Very bad (3)



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### Scoring

Question	Score
Question 2 = <15min (0) 16-30min (1) 31-60 min (2) >60min (3)	
Question 4a = >7 (0) 6-7 (1) 5-6 (2) <5 (3)	
Question 4a/4b x 100 = >85% (0) 75%-84% (1) 65%-74% (2) <65% (3)	
Question 5 (sum of scores 5a-5i) = 0 (0) 1-9 (1) 10-18 (2) 19-27 (3)	
Question 6 =	
Question 7 & 8 (sum of scores) = 0 (0) 1-2 (1) 3-4 (2) 5-6 (3)	
Question 9 =	
<b>Total Score:</b>	

A total score of 5 or greater is indicative of poor sleep quality. If you scored 5 or more it is suggested that you discuss your sleep habits with a healthcare provider.