PIRS

ID ___ ___ ___ ___ ___ ___

Date ___ ___ / ___ ___ / ___ ___
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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 bothered 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
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

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In the past week, how much were you bothered by:	Not at all bothered	Slightly bothered	Moderately bothered	Severely bothered
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

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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

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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

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E. Thank you for completing this rating scale. We welcome your comments.

66. Please feel free to tell us about any aspects of your sleep or wakefulness we may have missed. Also feel free to tell us your opinion about this insomnia rating scale.