

Sleep and Chronobiology Program

Name: _____ ID#: _____ Date: _____

Pittsburgh Insomnia Rating Scale (PIRS)

The following questions ask about your *sleep in the past 7 days and nights*. Please circle the one **best** answer for each question.

In the past week, how much were you **bothered** by:

	Not at all bothered	Slightly bothered	Moderately bothered	Severely bothered
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1. Lack of energy because of poor sleep.....	0	1	2	3
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Over the past week, how would you rate:

	Excellent	Good	Fair	Poor
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2. Your satisfaction with your sleep.....	0	1	2	3
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