

ID \_\_\_\_\_

Date     /     /      
          m m / d d / y y

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

A. In the past week, how much were you <u>bothered</u> by:	Not at all bothered	Slightly bothered	Moderately bothered	Severely bothered
1. One or more awakenings after getting to sleep	0	1	2	3
2. Not getting enough sleep	0	1	2	3
3. Sleep that doesn't fully refresh you	0	1	2	3
4. Poor alertness during the daytime	0	1	2	3
5. Difficulty keeping your thoughts focused	0	1	2	3
6. Others noticing you appeared tired or fatigued	0	1	2	3
7. Too many difficulties to overcome	0	1	2	3
8. Bad mood(s) because you had poor sleep	0	1	2	3
9. Lack of energy because of poor sleep	0	1	2	3
10. Poor sleep that interferes with your relationships	0	1	2	3
11. Being unable to sleep	0	1	2	3
12. Being able to do only enough to get by	0	1	2	3

**B. Please circle the best answer for each question about the past week:**

13. 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

14. 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

ID \_\_\_\_\_

Date     /     /      
          m m   d d   y y

15. 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

16. 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

**C. Over the past week, how would you rate:**

	Excellent	Good	Fair	Poor
17. Your sleep quality, compared to most people	0	1	2	3
18. Your satisfaction with your sleep	0	1	2	3
19. The regularity of your sleep	0	1	2	3
20. The soundness of your sleep	0	1	2	3

# Pittsburgh Insomnia Rating Scale-20 Item Version (PIRS\_20)

## Form Administration Instructions, References, and Scoring

### Form Administration Instructions

© University of Pittsburgh School of Medicine, Department of Psychiatry, 2007. All Rights Reserved.

### **Terms of Use**

The PIRS\_20 is copyrighted by the University of Pittsburgh. A key stipulation regarding its use is that no patient or research subject may be charged for using it. Minor modification of formatting (e.g. using checkboxes instead of numbers to circle) is permitted. Items must occur in their original sequence, as this aspect is a deliberate design feature. The PIRS\_20 is only a one-week (7 day) questionnaire. Exact item wording may not be changed. With these stipulations, the PIRS\_20 is available as an open resource.

For more information on the use of this form, please contact:

Douglas Moul, MD  
University of Pittsburgh Medical Center  
Western Psychiatric Institute and Clinic  
3811 OHara Street  
Pittsburgh, PA 15213  
(412) 246-5040

### Reference

Not currently available.

### Scores – reportable in publications

**PIRS\_20TOT**

**TOTAL SCORE**

Q1 + Q2 + Q3 + Q4 + Q5 + Q6 + Q7 + Q8 + Q9 + Q10 + Q11 + Q12 + Q13 + Q14 +  
Q15 + Q16 + Q17 + Q18 + Q19 + Q20

One missing item is allowed....pro-rate if missing one item....i.e. (sum/count)\*20

Minimum Score = 0 (good); Maximum Score = 60 (bad)