

Pittsburgh Sleep Symptom Questionnaire-Insomnia (PSSQ_I)
 (also known as the Insomnia Symptom Questionnaire (ISQ))

References and Scoring

Reference

Okun ML, Kravitz HM, Sowers MF, Moul DE, Buysse DJ, Hall M: Psychometric Evaluation of the Insomnia Symptom Questionnaire: a Self-report Measure to Identify Chronic Insomnia. *Journal of Clinical Sleep Medicine* 5(1):41-51, 2009.

Scores – reportable in publications

Pittsburgh Sleep Symptom Questionnaire – Insomnia (PSSQ_I) has 13 self-rated questions. Only questions 1,2 or 5 are used to determine the presence, frequency AND duration of sleep symptom criteria. Questions 6-13 are used to identify significant daytime consequences of the sleep complaint. Please answer the following questions based on the participants responses to determine if they meet the case definition of insomnia.

Scoring proceeds as follows:

	Yes	No
Sleep symptom criterion		
Is the answer to at least one of Questions 1, 2, or 5 "Frequently" or "Always"?	<input type="checkbox"/>	<input type="checkbox"/>
Duration criterion		
Is the answer to at least one of Questions 1, 2, or 5 " ≥ 4 weeks"?	<input type="checkbox"/>	<input type="checkbox"/>
Daytime impairment criterion		
Is the answer to at least one of Questions 6 -13 "Quite a bit" or "Extremely"?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to each question above is "Yes," assign a diagnosis of insomnia disorder.	Insomnia disorder <input type="checkbox"/>	
If the answer to one or more of the questions above is "No," do not assign a diagnosis of insomnia disorder.	No insomnia disorder <input type="checkbox"/>	