

PIRS

ID _____

Date ____/____/____
m m d d y y

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 <u>bothered</u> 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

PIRS

ID _____

Date _____ / _____ / _____
m m d d y y

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

PIRS

ID _____

Date ____/____/____
m m d d y y

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

PIRS

ID _____

Date ____/____/____
m m d d y y

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

PIRS

ID _____

Date ____ / ____ / ____
m m d d y y

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.

Pittsburgh Insomnia Rating Scale (PIRS)

Form Administration Instructions, References, and Scoring

Form Administration Instructions

© University of Pittsburgh School of Medicine, Department of Psychiatry, 2001. All Rights Reserved.

Terms of Use

The PIRS 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. The first item must be exactly 100 mm in length. Items must occur in their original sequence, as this aspect is a deliberate design feature. The PIRS is only a one-week (7 day) questionnaire. Exact item wording may not be changed. With these stipulations, the PIRS 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

Moul DE, Pilkonis PA, Miewald JM, Carey TJ, Buysse DJ: Preliminary study of the test-retest reliability and concurrent validities of the Pittsburgh Insomnia Rating Scale (PIRS). *Sleep* 25(Abstract Supplement):A246-247, 2002.

Scores – reportable in publications

PIRSDISTRS	DISTRESS SCORE Q1 + Q2 + Q3 + Q4 + Q5 + Q6 + Q7 + Q8 + Q9 + Q10 + Q11 + Q12 + Q13 + Q14 + Q15 + Q16 + Q17 + Q18 + Q19 + Q20 + Q21 + Q22 + Q23 + Q24 + Q25 + Q26 + Q27 + Q28 + Q29 + Q30 + Q31 + Q32 + Q33 + Q34 + Q35 + Q36 + Q37 + Q38 + Q39 + Q40 + Q41 + Q42 + Q43 + Q44 + Q45 + Q46 Minimum Score = 0 (not bothered); Maximum Score = 138 (severely bothered)
PIRSPARAM	SLEEP PARAMETERS SCORE Q47 + Q48 + Q49 + Q50 + Q51 + Q52 + Q53 + Q54 + Q55 + Q56 Minimum Score = 0 (good sleep); Maximum Score = 30 (disrupted sleep)
PIRSQOL	QUALITY OF LIFE SCORE Q57 + Q58 + Q59 + Q60 + Q61 + Q62 + Q63 + Q64 + Q65 Minimum Score = 0 (excellent); Maximum Score = 27 (poor)
PIRSTOT	TOTAL SCORE Q1 + Q2 + Q3 + Q4 + Q5 + Q6 + Q7 + Q8 + Q9 + Q10 + Q11 + Q12 + Q13 + Q14 + Q15 + Q16 + Q17 + Q18 + Q19 + Q20 + Q21 + Q22 + Q23 + Q24 + Q25 + Q26 + Q27 + Q28 + Q29 + Q30 + Q31 + Q32 + Q33 + Q34 + Q35 + Q36 + Q37 + Q38 + Q39 + Q40 + Q41 + Q42 + Q43 + Q44 + Q45 + Q46 + Q47 + Q48 + Q49 + Q50 +

Q51 + Q52 + Q53 + Q54 + Q55 + Q56 + Q57 + Q58 + Q59 + Q60 + Q61 + Q62 +
Q63 + Q64 + Q65
Minimum Score = 0 (good); Maximum Score = 195 (bad)

PIRSDSTRS_M **DISTRESS SCORE (2 OF 46 ALLOWED MISSING)**
IF CNTP1 >= 44, THEN (SUMP1 / CNTP1) * 46 ELSE set value to Null
Minimum Score = 0 (not bothered); Maximum Score = 138 (severely bothered)

PIRSPARAM_M **SLEEP PARAMETERS SCORE (1 OF 10 ALLOWED MISSING)**
IF CNTP2 >= 9, THEN (SUMP2 / CNTP2) * 10 ELSE set value to Null
Minimum Score = 0 (good sleep); Maximum Score = 30 (disrupted sleep)

PIRSQOL_M **QUALITY OF LIFE SCORE (1 OF 9 ALLOWED MISSING)**
IF CNTP3 >= 8, THEN (SUMP3 / CNTP3) * 9 ELSE set value to Null
Minimum Score = 0 (excellent); Maximum Score = 27 (poor)

PIRSTOT_M **TOTAL SCORE (4 OF 65 ALLOWED MISSING)**
IF (CNTP1 + CNTP2 + CNTP3) >= 61, THEN (SUMP1 + SUMP2 + SUMP3) /
(CNTP1 + CNTP2 + CNTP3) * 65 ELSE set value to Null
Minimum Score = 0 (good); Maximum Score = 195 (bad)

Preliminary calculations - used in computing the scores above

SUMP1 Q1 + Q2 + Q3 + Q4 + Q5 + Q6 + Q7 + Q8 + Q9 + Q10 + Q11 + Q12 + Q13 + Q14 +
Q15 + Q16 + Q17 + Q18 + Q19 + Q20 + Q21 + Q22 + Q23 + Q24 + Q25 + Q26 +
Q27 + Q28 + Q29 + Q30 + Q31 + Q32 + Q33 + Q34 + Q35 + Q36 + Q37 + Q38 +
Q39 + Q40 + Q41 + Q42 + Q43 + Q44 + Q45 + Q46

SUMP2 Q47 + Q48 + Q49 + Q50 + Q51 + Q52 + Q53 + Q54 + Q55 + Q56

SUMP3 Q57 + Q58 + Q59 + Q60 + Q61 + Q62 + Q63 + Q64 + Q65

CNTP1 Count of non-missing items among Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11,
Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26,
Q27, Q28, Q29, Q30, Q31, Q32, Q33, Q34, Q35, Q36, Q37, Q38, Q39, Q40, Q41,
Q42, Q43, Q44, Q45, Q46

CNTP2 Count of non-missing items among Q47, Q48, Q49, Q50, Q51, Q52, Q53, Q54, Q55,
Q56

CNTP3 Count of non-missing items among Q57, Q58, Q59, Q60, Q61, Q62, Q63, Q64, Q65