



## Pittsburgher Schlafqualitätsindex

Name, Vorname:

Geburtsdatum:

**Hinweis:**

Die folgenden Fragen beziehen sich auf Ihre üblichen Schlafgewohnheiten und zwar nur während der letzten vier Wochen. Ihre Antworten sollten möglichst genau sein und sich auf die Mehrzahl der Nächte während der letzten vier Wochen beziehen.

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<p>♦ <b>Wie oft haben Sie während der letzten vier Wochen Schlafmittel eingenommen?</b> <i>(rezeptpflichtige oder frei verkäufliche?)</i></p> <p>♦ <b>Wie oft hatten Sie während der letzten vier Wochen Schwierigkeiten wachzubleiben, etwa beim Autofahren, beim Essen oder bei gesellschaftlichen Anlässen?</b></p>	<table border="1"> <thead> <tr> <th>in den letzten vier Wochen gar nicht</th> <th>weniger als einmal pro Woche</th> <th>einmal oder zweimal pro Woche</th> <th>dreimal oder häufiger pro Woche</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	in den letzten vier Wochen gar nicht	weniger als einmal pro Woche	einmal oder zweimal pro Woche	dreimal oder häufiger pro Woche	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
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<p>♦ <b>Hatten Sie während der letzten vier Wochen Probleme mit genügend Schwung die üblichen Alltagsaufgaben zu erledigen?</b></p>	<p><input type="checkbox"/> keine Probleme</p> <p><input type="checkbox"/> kaum Probleme</p> <p><input type="checkbox"/> etwas Probleme</p> <p><input type="checkbox"/> große Probleme</p>															
<p>♦ <b>Schlafen Sie <u>alleine</u> in Ihrem Zimmer?</b></p>	<p><input type="checkbox"/> Ja</p> <p><input type="checkbox"/> Ja, aber ein Partner/Mitbewohner schläft in einem andern Zimmer</p> <p><input type="checkbox"/> Nein, der Partner schläft im Zimmer, aber nicht im selben Bett</p> <p><input type="checkbox"/> Nein, der Partner schläft im selben Bett</p>															
<p>♦ <b>Falls Sie einen Mitbewohner oder Partner haben, hat dieser bei Ihnen schon einmal folgendes bemerkt ....</b></p> <p>... lautes schnarchen?</p> <p>... lange Atempausen während des Schlafens?</p> <p>... Zucken oder ruckartige Bewegungen der Beine während des Schlafes?</p> <p>... nächtliche Phasen von Verwirrung oder Desorientierung während des Schlafes?</p> <p>... andere Formen von Unruhe während des Schlafes (bitte beschreiben)?</p> <p>.....</p> <p>.....</p>	<table border="1"> <thead> <tr> <th>in den letzten vier Wochen</th> <th>früher einmal</th> <th>gar nicht</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	in den letzten vier Wochen	früher einmal	gar nicht	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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