

INSOMNIA SEVERITY INDEX

Name: _____ Date: _____

Age: _____ Sex: _____

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the "Guidelines for Scoring/Interpretation" below to see where your sleep difficulty fits.

For each question, please CIRCLE the number that best describes your answer. Please rate the CURRENT SEVERITY (i.e. last two weeks) of your insomnia problem(s).

Insomnia Problem		None	Mild	Moderate	Severe	Very Severe
1	Difficulty falling asleep.	0	1	2	3	4
2	Difficulty staying awake.	0	1	2	3	4
3	Problems waking up too early.	0	1	2	3	4
4	How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?	Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
		0	1	2	3	4
5	How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?	Not Noticeable	A Little	Somewhat	Much	Very Much Noticeable
		0	1	2	3	4
6	How WORRIED/DISTRESSED are you about your current sleep problem?	Not Worried	A Little	Somewhat	Much	Very Much Worried
		0	1	2	3	4
7	To what extent do you consider your sleep problem to currently INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc)?	Not Interfering	A Little	Somewhat	Much	Very Much Interfering
		0	1	2	3	4

Guidelines for Scoring/Interpretation:

Add the scores for questions 1 to 7 = _____ your total score

Total Score Categories	
0 - 7	No clinically significant insomnia
8 - 14	Subthreshold insomnia
15 - 21	Clinical insomnia (moderate severity)
22 - 28	Clinical insomnia (severe)