

INSOMNIA SEVERITY INDEX

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 (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Do you have difficulty falling asleep?	None 0	Mild 0	Moderate 2	Severe 3	Very Severe 4
Do you have difficulty staying asleep?	None 0	Mild 0	Moderate 2	Severe 3	Very Severe 4
Do you have problems waking up too early?	None 0	Mild 0	Moderate 2	Severe 3	Very Severe 4
How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?	Very Satisfied 0	Satisfied 1	Moderately Satisfied 2	Dissatisfied 3	Very Dissatisfied 4
How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?	Not at all Noticeable 0	A little 1	Somewhat 2	Much 3	Very much Noticeable 4
How WORRIED/DISTRESSED are you about your current sleep problem?	Not at all Worried 0	A little 1	Somewhat 2	Much 3	Very much Worried 4
To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, etc.) CURRENTLY?	Not at all Interfering 0	A little 1	Somewhat 2	Much 3	Very much Interfering 4
	Do you have difficulty staying asleep? Do you have problems waking up too early? How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern? How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life? How WORRIED/DISTRESSED are you about your current sleep problem? To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration,	Do you have difficulty staying asleep? None Do you have problems waking up too early? None O How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern? How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life? Not at all Noticeable O How WORRIED/DISTRESSED are you about your current sleep problem? Not at all Worried O To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration,	Do you have difficulty staying asleep? None O None O None O None O None O Mild O None O Mild O None O None O Satisfied O None O Noticeable O 1 How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life? Not at all Noticeable O Not at all Worried O Not at all Worried O Not at all Worried O Not at all Interfering Interfering Interfering Interfering Interfering Interfering O A little Interfering Interfering O A little Interfering O 1	Do you have difficulty staying asleep? None 0 Mild 0 Moderate 0 Moderately Satisfied 1 Moderately Satisfied 0 Moderately Satisfied 0 Moderately Satisfied 0 Moderately Satisfied 0 A little 0 Somewhat 0 Moderately Satisfied 0 A little 1 Somewhat 0 Moderately Satisfied 0 A little 1 Somewhat 0 Moderately Satisfied 1 Mode	Do you have difficulty staying asleep? None None Mild Moderate Severe Moderately Satisfied Moderately Satisfied Moderately Satisfied Moderately Satisfied Moderately Satisfied Moderately Satisfied A little Moticeable Much Moderately Satisfied A little Much Much Much Moderately Satisfied A little Much Much

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Guidelines for Scoring/Interpretations:

Add the scores for all seven items (questions 1+2+3+4+5+6+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)

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