## 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).

<table>
<thead>
<tr>
<th>Insomnia Problem</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Difficulty falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Difficulty staying asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Problems waking up too early</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

4. **How SATISFIED / DISSATISFIED are you with your CURRENT sleep pattern?**
   - Very Satisfied: 0
   - Satisfied: 1
   - Moderately Satisfied: 2
   - Dissatisfied: 3
   - Very Dissatisfied: 4

5. **How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?**
   - Not at all: 0
   - A Little: 1
   - Somewhat: 2
   - Much: 3
   - Very Much: 4

6. **How WORRIED / DISTRESSED are you about your current sleep problem?**
   - Not at all: 0
   - A Little: 1
   - Somewhat: 2
   - Much: 3
   - Very Much: 4

7. **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, mood, etc.) CURRENTLY?**
   - Not at all: 0
   - A Little: 1
   - Somewhat: 2
   - Much: 3
   - Very Much: 4

### Guidelines for Scoring / Interpretation:
Add the scores for all seven items = ________ 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)

A SCORE OF >14 INDICATES A CLINICALLY SIGNIFICANT INSOMNIA DISORDER AND WARRANTS FURTHER EVALUATION.