



Southern California Pulmonary & Sleep Disorders Medical Center
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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).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	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 at all	A Little	Somewhat	Much	Very Much
	0	1	2	3	4
6. How WORRIED / DISTRESSED are you about your current sleep problem?	Not at all	A Little	Somewhat	Much	Very Much
	0	1	2	3	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	A Little	Somewhat	Much	Very Much
	0	1	2	3	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 EVALUTATION.