**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).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Difficulty falling asleep
 | ❑-0 None | ❑-1 Mild | ❑-2 Moderate | ❑-3 Severe | ❑-4 Very Severe |
| 1. Difficulty staying asleep
 | ❑-0 None | ❑-1 Mild | ❑-2 Moderate | ❑-3 Severe | ❑-4 Very Severe |
| 1. Problems waking up too early
 | ❑-0 None | ❑-1 Mild | ❑-2 Moderate | ❑-3 Severe | ❑-4 Very Severe |
| 1. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?
 | ❑-0 Very Satisfied | ❑-1 Satisfied | ❑-2 Moderately Satisfied | ❑-3 Dissatisfied | ❑-4 Very Dissatisfied |
| 1. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?
 | ❑-0 Not at all  | ❑-1 A Little | ❑-2 Somewhat | ❑-3 Much | ❑-4 Very Much  |
| 1. How WORRIED/DISTRESSED are you about your current sleep problem?
 | ❑-0 Not at all  | ❑-1 A Little | ❑-2 Somewhat | ❑-3 Much | ❑-4 Very Much  |
| 1. 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?
 | ❑-0 Not at all  | ❑-1 A Little | ❑-2 Somewhat | ❑-3 Much | ❑-4 Very Much  |

**Guidelines for Scoring/Interpretation:** 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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