

Insomnia Severity Index

Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).

	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. Problem waking up too early:	0	1	2	3	4

How **SATISFIED**/dissatisfied are you with your current sleep pattern?

	Very Satisfied	1	2	3	Very Dissatisfied
4.	0	1	2	3	4

To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

	Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
5.	0	1	2	3	4

How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

	Not at all Noticeable	Barely	Somewhat	Much	Very Much Noticeable
6.	0	1	2	3	4

How **WORRIED**/distressed are you about your current sleep problem?

	Not at all	A Little	Somewhat	Much	Very Much
7.	0	1	2	3	4

Scoring:

Add scores for all seven items:
(total score ranges from 0-28)