

Insomnia Severity Index (ISI)

For each question below, please circle the number corresponding most accurately to your sleep patterns in the LAST 2 WEEKS.

For the first three questions, please rate the SEVERITY of your sleep difficulties.

1. Difficulty falling asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

2. Difficulty staying asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

3. Problem waking up too early in the morning:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

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

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

5. 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).

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

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

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

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

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

Interpretation:

Score between 0-7: This result suggests that there is no clinically significant insomnia at this time; if you are still concerned about your sleep, you may want to repeat this test in a few days or talk to a health-care professional about it.

Score between 8-14: This result suggests the presence of insomnia symptoms of mild to moderate severity. Although this degree of insomnia severity may not require immediate treatment, you may still want to talk to a health-care professional about your sleep (for further evaluation) or continue monitoring these symptoms to check if they worsen over time.

Score between 15-21: This result suggests that you experience insomnia symptoms of moderate severity; such symptoms are usually significant enough to warrant further evaluation and treatment. You should talk to a health-care professional about it.

Score between 22-28: This result suggests that you experience severe insomnia associated with significant impairments of daytime functioning. You should talk to a health-care professional about additional evaluation and treatment.