

## 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. Do you have difficulty falling asleep?	None 0	Mild 0	Moderate 2	Severe 3	Very Severe 4
2. Do you have difficulty staying asleep?	None 0	Mild 0	Moderate 2	Severe 3	Very Severe 4
3. Do you have problems waking up too early?	None 0	Mild 0	Moderate 2	Severe 3	Very Severe 4
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 Noticeable 0	A little 1	Somewhat 2	Much 3	Very much Noticeable 4
6. How WORRIED/DISTRESSED are you about your current sleep problem?	Not at all Worried 0	A little 1	Somewhat 2	Much 3	Very much Worried 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, etc.) CURRENTLY?	Not at all Interfering 0	A little 1	Somewhat 2	Much 3	Very much Interfering 4

**TOTAL = \_\_\_\_\_**

### Guidelines for Scoring/Interpretations:

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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