

## Insomnia Severity Index

*Used with permission from Charles M. Morin, Ph.D., Université Laval*

Thinking about your **CURRENT** (i.e., **LAST 2 WEEKS**) insomnia problem(s):

➤ **CIRCLE** the number that best describes your answer for each question.

	None	Mild	Moderate	Severe	Very severe
<b>1. Difficulty falling asleep</b>	0	1	2	3	4
<b>2. Difficulty staying asleep</b>	0	1	2	3	4
<b>3. Problem waking up too early</b>	0	1	2	3	4

**4. How SATISFIED/DISSATISFIED are you with your 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 Noticeable	A Little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

**6. How WORRIED/DISTRESSED are you about your current sleep problem?**

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
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.)?**

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

Add the scores for all seven items.

**Your Score:** \_\_\_\_\_

Rating Scale:

**0–7** = No clinically significant insomnia

**15–21** = Clinical insomnia

**8–14** = Sub-threshold insomnia

**22–28** = Clinical insomnia