

Insomnia Severity Index

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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
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

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