

Insomnia Severity Index

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).

Insomnia problem	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 **CURRENT** 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 Noticeable Somewhat Noticeable Much Noticeable 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 Worried Somewhat Worried Much Worried 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.) **CURRENTLY**?

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

Guidelines for Scoring/Interpretation:

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 = Sub-threshold insomnia
- 15-21 = Clinical insomnia (moderate severity)
- 22-28 = Clinical insomnia (severe)

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