Insomnia Severity Index

Name:	Gender:	Male	Female
Date of assessment:	Contact informa	tion:	

1. Please rate the CURRENT (i.e., LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia problem	None	Mild	Moderate	Severe	Very severe
Difficulty falling asleep	0	1	2	3	4
Difficulty staying asleep	0	1	2	3	4
Problems waking up early	0	1	2	3	4

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

Very satisfied				Very dissatisfied
0	1	2	3	4

3. To what extent do you consider you sleep problem to INTERFERE with your daily functions (e.g. daytime fatigue, 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

4. 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	Somewhat	Much	Very much noticeable
0	1	2	3	4

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

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

Scoring and interpretation

The	ISI uses a	5-point	Likert scal	e (0 to 4)) for eac	h of the	seven	items.	Γhe total	score i	ranges	from () to
28, v	with higher	scores i	ndicating	more sev	ere inso	omnia. ⁻	The tota	al scores	s can be	interpr	eted as	follov	vs:

- 0–7: No clinically significant insomnia
- 8-14: Subthreshold insomnia
- 15–21: Clinical insomnia (moderate severity)
- 22–28: Clinical insomnia (severe)

Reference

Bastien, C. H., Vallières, A., & Morin, C. M. (2001). Validation of the Insomnia Severity Index as an outcome measure for insomnia research. *Sleep Medicine*, *2*(4), 297–307. https://doi.org/10.1016/s1389-9457(00)00065-4

Health professional's details		
Name:	Date:	
Patient's name:		