

Insomnia Severity Index

Name: _____ Gender: Male Female

Date of assessment: _____ Contact information: _____

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 scale (0 to 4) for each of the seven items. The total score ranges from 0 to 28, with higher scores indicating more severe insomnia. The total scores can be interpreted as follows:

- 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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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](https://doi.org/10.1016/s1389-9457(00)00065-4)

Health professional's details

Name: _____ Date: _____

Patient's name: _____