

## Insomnia Severity Index

Answer each question by circling the number that best describes the **current** extent of the sleep issue (based on the last 2 weeks).

Add up the scores you have circled for each of the seven questions to achieve a total score. See the box below for an interpretation of your score.

		Not at all	A little	Somewhat	Much	Very
1.	How difficult is it to fall asleep?	0	1	2	3	4
2.	How difficult is it to stay asleep?	0	1	2	3	4
3.	Do you have problems waking up too early?	0	1	2	3	4
		Very satisfied	Satisfied	Moderately satisfied	Dissatisfied	Very dissatisfied
4.	How satisfied are you with your current sleep pattern?	0	1	2	3	4
	Not at all	A little	Somewhat	Much	Very	
5.	How noticeable is the impact of your sleep problem to others?	0	1	2	3	4
6.	How worried or distressed are you about your sleep?	0	1	2	3	4
7.	To what extent does your sleep problem interfere with your daily life? (eg mood, ability to function, concentrate, memory)	0	1	2	3	4

### Score interpretation

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

**8-14** = Sub-threshold insomnia

**15-21** = Clinical insomnia (moderate)

**22-28** = Clinical insomnia (severe)

**Total score =**