

The Insomnia Severity Index

Please rate the current (i.e., last 2 weeks) severity of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very
a. Difficulty falling asleep:	0	1	2	3	4
b. Difficulty staying asleep:	0	1	2	3	4
c. Problem waking up too early:	0	1	2	3	4

How satisfied/dissatisfied are you with your current sleep pattern?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
0	1	2	3	4

To what extent do you consider your sleep problem to interfere with your daily functioning (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

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

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

Guidelines for Scoring/Interpretation

Add scores for all seven items (1a + 1b + 1c + 2 + 3 + 4 + 5) =

Total score ranges from 0–28; if total score falls between:

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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