



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).

1. Difficulty falling asleep:

- 0 – None
- 1 – Mild
- 2 – Moderate
- 3 – Severe
- 4 – Very severe

2. Difficulty staying asleep

- 0 – None
- 1 – Mild
- 2 – Moderate
- 3 – Severe
- 4 – Very severe

3. Problems waking up too early

- 0 – None
- 1 – Mild
- 2 – Moderate
- 3 – Severe
- 4 – Very severe

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

- 0 – Very satisfied
- 1 – Satisfied
- 2 – Moderately Satisfied
- 3 – Dissatisfied
- 4 – Very dissatisfied



5. How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?

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

6. How worried/distressed are you about your current sleep problem?

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

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?

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