

## Insomnia Severity Index (ISI)

**Subject ID:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For each question below, please circle the number corresponding most accurately to your sleep patterns in the **LAST 2 WEEKS**.

For the first three questions, please rate the **SEVERITY** of your sleep difficulties.

1. Difficulty falling asleep:

|      |      |          |        |             |
|------|------|----------|--------|-------------|
| None | Mild | Moderate | Severe | Very Severe |
| 0    | 1    | 2        | 3      | 4           |

2. Difficulty staying asleep:

|      |      |          |        |             |
|------|------|----------|--------|-------------|
| None | Mild | Moderate | Severe | Very Severe |
| 0    | 1    | 2        | 3      | 4           |

3. Problem waking up too early in the morning:

|      |      |          |        |             |
|------|------|----------|--------|-------------|
| None | Mild | Moderate | Severe | Very Severe |
| 0    | 1    | 2        | 3      | 4           |

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

|                |           |         |              |                   |
|----------------|-----------|---------|--------------|-------------------|
| Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| 0              | 1         | 2       | 3            | 4                 |

5. 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).

|                        |                      |                      |                  |                       |
|------------------------|----------------------|----------------------|------------------|-----------------------|
| Not at all Interfering | A Little Interfering | Somewhat Interfering | Much Interfering | Very Much Interfering |
| 0                      |                      | 2                    | 3                | 4                     |

6. 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 Noticeable | Somewhat Noticeable | Much Noticeable | Very Much Noticeable |
| 0                     | 1                   | 2                   | 3               | 4                    |

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

|            |          |          |      |           |
|------------|----------|----------|------|-----------|
| Not at all | A Little | Somewhat | Much | Very Much |
| 0          | 1        | 2        | 3    | 4         |