### The Insomnia Severity Index

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

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Difficulty falling asleep:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Difficulty staying asleep:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Problem waking up too early:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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.).

<table>
<thead>
<tr>
<th>Not at all interfering</th>
<th>A little interfering</th>
<th>Somewhat interfering</th>
<th>Much interfering</th>
<th>Very much interfering</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Not at all noticeable</th>
<th>A little noticeable</th>
<th>Somewhat noticeable</th>
<th>Much noticeable</th>
<th>Very much noticeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
How worried/distressed are you about your current sleep problem?

<table>
<thead>
<tr>
<th>Not at all worried</th>
<th>A little worried</th>
<th>Somewhat worried</th>
<th>Much worried</th>
<th>Very much worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*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)