

Name

Date

Hospital number

THE INSOMNIA SEVERITY INDEX

BEFORE TREATMENT

1 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

2 How SATISFIED/dissatisfied are you with your current sleep pattern?

Very satisfied					Very dissatisfied
0	1	2	3	4	

3 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

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	Barely	Somewhat	Much	Very much noticeable
0	1	2	3	4

5 How WORRIED/distressed are you about your current sleep problem?

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

Score								
Official use only								
Question	1a	1b	1c	2	3	4	5	Total
Score								

BEFORE TREATMENT score

Guidelines for Scoring/ Interpretation:

Total score ranges from 0-28

0-7 = No clinically significant insomnia

8-14 = Subthreshold Insomnia

15-21 = Clinical Insomnia (moderate severity)

22-28 = Clinical Insomnia (severe)

(Reprinted from Bastient CH, Vallieres A, Morin C. Validation of the Insomnia Severity Index as an outcome measure for insomnia research. Sleep Med 2001;2:297---307. With permission).

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EPWORTH SLEEPINESS SCALE

BEFORE TREATMENT

This scale assesses your level of sleepiness during the day.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

Situation	Chance of dozing (0-3)
Sitting reading	_____
Watching TV	_____
Sitting inactive in a public place e.g. waiting room, theatre	_____
As a passenger in a car for an hour without a break	_____
Lying down for a rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few moments in traffic	_____