

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).