## Insomnia

Harvard Medical School I Division of Sleep Medicine I Sleep and Health Education

## Insomnia Severity Index

## **INSTRUCTIONS**

- For each item, select one answer.
- Add up your points.
- Use the interpretation guide to understand your score.

Please rate the CURRENT (i.e., LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe
1. Difficulty falling asleep	0	1	2	3
2. Difficulty staying asleep	0	1	2	3
3. Problems waking up too early	0	1	2	3

4. How SATISFIED or DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

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

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

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all	A Little	Somewhat	Much	Very Much
Worried			A SOLD THE SALE FOR	Worried
0	1	2	3	4

7. To what extent do you consider your sleep problem to INTERFERE with your daily function (e.g., daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

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

**Source:** Morin CM, Belleville G, Bélanger L, Ivers H. The Insomnia Severity Index: psychometric indicators to detect insomnia cases and evaluate treatment response. Sleep. 2011 May 1;34(5):601-8. Used with permission.