# 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 <br> Noticeable | A Little | Somewhat | Much | Very Much <br> Noticeable |
| :---: | :---: | :---: | :---: | :---: |
| 0 | 1 | 2 | 3 | 4 |

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

| Not at all <br> Worried | A Little | Somewhat | Much | Very Much <br> 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 <br> Interfering | A Little | Somewhat | Much | Very Much <br> 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.

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GUIDELINES FOR SCORING AND INTERPRETATION:

- Add up scores for \#1-7 to receive your total score.
- Use the following total scoring classification below:
- None/Minimal: 0-7
- Subthreshold insomnia: 8-14
- Clinical insomnia, moderate: 15-21
- Clinical insomnia, severe: 22-28

After your self-evaluation, make sure to discuss your results and any concerns with your doctor.

