**The Insomnia Severity Index**

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 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied |
| 0 | 1 | 2 | 3 | 4 |

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 |

How noticeable to others do you think your sleeping 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 |