



**Sleep Disorders Center**  
OF SW FLORIDA  
Dedicated to the Treatment of Sleep and Pulmonary Disorders

**INSOMNIA SEVERITY INDEX**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Please rate the current (i.e. last 2 weeks) **SEVERITY** of your insomnia problem(s).

|                             | None | Mild | Moderate | Severe | Very Severe |
|-----------------------------|------|------|----------|--------|-------------|
| Difficulty falling asleep   | 0    | 1    | 2        | 3      | 4           |
| Difficulty staying asleep   | 0    | 1    | 2        | 3      | 4           |
| Problem waking up too early | 0    | 1    | 2        | 3      | 4           |
  
- How **SATISFIED / DISSATISFIED** are you with your current sleep pattern?  
Very satisfied \_\_\_\_\_ 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 | A little | Somewhat | Much | Very much |
|------------|----------|----------|------|-----------|
| 0          | 1        | 2        | 3    | 4         |
  
- How **NOTICEABLE** to others do you think you're sleeping problem is in terms of impairing the quality of your life?

| Not at all | Barely | Somewhat | Much | Very much |
|------------|--------|----------|------|-----------|
| 0          | 1      | 2        | 3    | 4         |
  
- How **WORRIED / DISTRESSED** are you about your current sleep problem?

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

Bastien et al, Sleep Medicine 2 (2001) 297-307