

## INSOMNIA SEVERITY INDEX

1. Please rate the current severity of your insomnia problems

	None	Mild	Moderate	Severe	Very Severe
Difficulty falling asleep	1	2	3	4	5
Difficulty staying asleep	1	2	3	4	5
Problem waking up too early	1	2	3	4	5

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

Very Satisfied	Moderately Satisfied	Very Dissatisfied
1	2	3
4	5	6

3. To what extent do you consider your sleep problem to interfere with your daily functioning (e.g daytime fatigue, ability to work/daily chores, concentration, memory, mood, etc)?

Not at all	A little	Somewhat	Much	Very much
1	2	3	4	5

4. How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all	A little	Somewhat	Much	Very much
1	2	3	4	5

5. How concerned are you about your current sleep problem?

Not at all	A little	Somewhat	Much	Very much
1	2	3	4	5

6. To what extent do you believe the following factors are contributing to your sleep problem?

	None	Mild	Moderate	Severe	Very Severe
Racing thoughts at night	1	2	3	4	5
Muscular tension/pain	1	2	3	4	5
Bad sleeping habits	1	2	3	4	5
Natural aging process	1	2	3	4	5

7. After a poor night's sleep, which of the following problems do you experience on the next day? Please circle all those that apply.

- a. Daytime fatigue: tired, exhausted, washed out, sleepy
- b. Difficulty functioning: performance impairment at work/daily chores.  
Difficulty concentrating, memory problems
- c. Mood problems, irritable, tense, nervous, groggy, depressed, anxious, grouchy, hostile, angry, confused
- d. Physical symptoms: muscle aches/pains, light-headed, head-ache, nausea, heartburn, muscle tension
- e. None