

Insomnia Severity Index (ISI)

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

Difficulty falling asleep

- None
- Mild
- Moderate
- Severe
- Very

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

Difficulty staying asleep

- None
- Mild
- Moderate
- Severe
- Very

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

Problem waking up too early

- None
- Mild
- Moderate
- Severe
- Very

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

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Dissatisfied
- Very Dissatisfied

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

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

- Not At All Noticeable
- Barely
- Somewhat
- Much
- Very Much Noticeable

How WORRIED/distressed are you about your current sleep problem?

- Not At All
- A Little
- Somewhat
- Much
- Very Much