

Insomnia Severity Quiz

1. Please rate the current (in the last 2 weeks) severity of your insomnia problems:

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Very Severe</u>
• 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

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

<u>Very satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very dissatisfied</u>
0	1	2	3	4

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

<u>Not at all</u>	<u>A little</u>	<u>Somewhat</u>	<u>Much</u>	<u>Very interfering</u>
0	1	2	3	4

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

<u>Not noticeable</u>	<u>A little</u>	<u>Somewhat</u>	<u>Much</u>	<u>Very noticeable</u>
0	1	2	3	4

5. How worried/distressed are you about your current sleep problem?

<u>Not worried</u>	<u>A little</u>	<u>Somewhat</u>	<u>Much</u>	<u>Very worried</u>
0	1	2	3	4

Guidelines For Scoring/Interpretation:

- Add scores of all 7 items
 - 0-7 No clinically significant insomnia
 - 8-14 Subthreshold insomnia
 - 15-21 Moderate clinical insomnia
 - 22-28 Severe clinical insomnia