

## Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please **CIRCLE** the number that best describes your answer.

*Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).*

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How **SATISFIED/DISSATISFIED** are you with your **CURRENT** sleep pattern?

Very Satisfied      Satisfied      Moderately Satisfied      Dissatisfied      Very Dissatisfied  
 0                      1                      2                      3                      4

5. How **NOTICEABLE** to others do you think your sleep 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

6. How **WORRIED/DISTRESSED** are you about your current sleep problem?

Not at all  
 Worried      A Little      Somewhat      Much      Very Much Worried  
 0                      1                      2                      3                      4

7. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) **CURRENTLY**?

Not at all  
 Interfering      A Little      Somewhat      Much      Very Much Interfering  
 0                      1                      2                      3                      4

### Guidelines for Scoring/Interpretation:

Add the scores for all seven items (questions 1 + 2 + 3 + 4 + 5 + 6 + 7) = \_\_\_\_\_ your total score

Total score categories:

0–7 = No clinically significant insomnia

8–14 = Subthreshold insomnia

15–21 = Clinical insomnia (moderate severity)

22–28 = Clinical insomnia (severe)

## Epworth Sleepiness Scale

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your age (Yrs): \_\_\_\_\_ Your sex (Male = M, Female = F): \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

*It is important that you answer each question as best you can.*

**Situation**

**Chance of Dozing (0-3)**

Sitting and reading \_\_\_\_\_

Watching TV \_\_\_\_\_

Sitting, inactive in a public place (e.g. a theatre or a meeting) \_\_\_\_\_

As a passenger in a car for an hour without a break \_\_\_\_\_

Lying down to rest in the afternoon when circumstances permit \_\_\_\_\_

Sitting and talking to someone \_\_\_\_\_

Sitting quietly after a lunch without alcohol \_\_\_\_\_

In a car, while stopped for a few minutes in the traffic \_\_\_\_\_

_____
_____
_____
_____
_____
_____
_____
_____

TOTAL

**THANK YOU FOR YOUR COOPERATION**