

ISI - patient 1 month

Insomnia Severity Index - patient version, 1 month

Purpose : Quantitative measure of perception of insomnia severity, and its impact on daytime functioning

Admin time : 5 min.

User Friendly : High

Administered by : self or GP

Content : The ISI is a 7-item self-report questionnaire assessing the nature, severity, and impact of insomnia.

The dimensions evaluated are: severity of sleep onset, sleep maintenance, and early morning awakening problems, sleep dissatisfaction, interference of sleep difficulties with daytime functioning, noticeability of sleep problems by others, and distress caused by the sleep difficulties.

A 5-point Likert scale is used to rate each item (e.g., 0 = no problem; 4 = very severe problem), yielding a total score ranging from 0 to 28.

The total score is interpreted as follows: absence of insomnia (0-7); sub-threshold insomnia (8-14); moderate insomnia (15-21); and severe insomnia (22-28).

Three versions are available—patient (2 week period), patient (1 month period), and clinician.

Author : Morin, C.M. 1985

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ISI-Clinian version: © Morin, C.M. (1993, 1996, 2000, 2006)

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<https://www.cgakit.com/insomnia-severity-index>

Insomnia Severity Index (ISI)

Name: _____

Date: _____

For each question below, please circle the number corresponding most accurately to your sleep patterns in the **LAST MONTH**.

For the first three questions, please rate the **SEVERITY** of your sleep difficulties.

1. Difficulty falling asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

2. Difficulty staying asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

3. Problem waking up too early in the morning:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

4. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

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

5. 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)?

Not at all Interfering	A little Interfering	Somewhat Interfering	Very Interfering	Extremely Interfering
0	1	2	3	4

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

Not at all Noticeable	A little Noticeable	Somewhat Noticeable	Very Noticeable	Extremely Noticeable
0	1	2	3	4

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

Not at all	A little	Somewhat	Very	Extremely
0	1	2	3	4

Insomnia Severity Index (ISI)

Scoring

There are seven items. Each item is rated on a scale from 0 to 4 from less to more severe. The total score is the sum of each individual item and can range from 0 to 28 (28 = most severe insomnia).

If a subject checks more than one item or checks a response falling between any two of the four standard response choices (e.g., between 2 and 3), it is recommended to retain the highest of the scores (3) for computing the total score. If there is one or two missing items, their value can be replaced with the average score of the remaining items. If there are more than two items with no response, it is preferable to consider the total score missing.

Interpretation:

Guidelines for Interpretation of ISI Score (Total score ranges from 0-28):

Score between 0-7:

No clinically significant insomnia.

This result suggests that there is no clinically significant insomnia at this time; if you are still concerned about your sleep, you may want to repeat this test in a few days or talk to a health-care professional about it.

Score between 8-14:

Subthreshold insomnia.

This result suggests the presence of insomnia symptoms of mild to moderate severity. Although this degree of insomnia severity may not require immediate treatment, you may still want to talk to a health-care professional about your sleep (for further evaluation) or continue monitoring these symptoms to check if they worsen over time.

Score between 15-21:

Clinical insomnia (moderate severity).

This result suggests that you experience insomnia symptoms of moderate severity; such symptoms are usually significant enough to warrant further evaluation and treatment. You should talk to a health-care professional about it.

Score between 22-28:

Clinical insomnia (severe).

This result suggests that you experience severe insomnia associated with significant impairments of daytime functioning. You should talk to a health-care professional about additional evaluation and treatment.