



Insomnia-Severity -Index (ISI)

1. Please rate the current (i.e. within the last two weeks) severity of your sleep problems.

not at all = 15-30 min mild = 30-45 min medium = 45-90 min heavy = 90-120 min really heavy > 120 min	<i>not at all</i>	<i>mild</i>	<i>medium</i>	<i>heavy</i>	<i>really heavy</i>
1.a Difficulty falling asleep	0	1	2	3	4
1.b Difficulty sleeping through the night	0	1	2	3	4
1.c Problem of waking up too early	0	1	2	3	4

2. How satisfied were you with your current sleep pattern within the last two weeks?

very satisfied					very dissatisfied
0	1	2	3	4	

3. To what extent has the sleep problem affected your daily functioning (e.g., daytime sleepiness, ability to function at work/homework, concentration, memory, mood, etc.) within the past two weeks?

no impairment at all	a little	reasonably	a lot	very big impairment
0	1	2	3	4

4. How recognizable do you think your sleep problem is to others in terms of affecting your quality of life?

not at all recognizable	a little	reasonably	clearly	very clearly recognizable
0	1	2	3	4

5. How worried or distressed are you about your current sleep issues?

not at all	a little	reasonably	very	over the top
0	1	2	3	4

Interpretation for 1a+1b+1c+2+3+4+5 = _____ *Please fill out the reverse page as well*

- 0-7 = No clinically significant insomnia
- 8-14 = underlying insomnia
- 15-21 = clinical insomnia of medium degree
- 22-28 = clinical insomnia of severe degree

The following statements are about your well-being over the past two weeks. For each statement, please check the box that best describes how you have felt over the past two weeks.

In the last 2 weeks	All the time	Most of the time	Just over half the time	Now and again	At no time
...I was happy and in a good mood	5	4	3	2	1
...I felt calm and relaxed	5	4	3	2	1
...I felt energetic and active	5	4	3	2	1
...I felt fresh and rested when I woke up	5	4	3	2	1
...my everyday life was full of things that interest me	5	4	3	2	1