

### Insomnia Severity Index (Morin, 1993)

1. Please rate the current severity of your insomnia problem(s):

	None	Mild	Mod.	Severe	Very Severe
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?

Very Satisfied	Moderately Satisfied	Very Dissatisfied
0	1	2
3	4	5

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

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

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

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

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

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

After a poor night's sleep, which of the following problems do you experience the next day? Circle all those that apply.

- a. Daytime fatigue: tired, exhausted, washed out, sleepy.
- b. Difficulty functioning: performance impairment at work/daily chores, difficulty concentrating, memory problems.
- c. Mood problems: irritable, tense, nervous, groggy, depressed, anxious, grouchy, hostile, angry, confused.
- d. Physical symptoms: muscle aches/pain, light-headed, headache, nausea, heartburn, muscle tension.