Insomnia Severity Index (ISI)

Purpose Designed as a brief screening tool for insomnia, the seven-item questionnaire asks respondents to rate the nature and symptoms of their sleep problems using a Likert-type scale. Questions relate to subjective qualities of the respondent's sleep, including the severity of symptoms, the respondent's satisfaction with his or her sleep patterns, the degree to which insomnia interferes with daily functioning, how noticeable the respondent feels his or her insomnia is to others, and the overall level of distress created by the sleep problem.

Population for Testing The scale has been validated on two separate insomnia patient populations with ages ranging from 17 to 84.

Administration Requiring only about 5 min for completion, the brief scale is a self-report measure administered with pencil and paper.

Reliability and Validity Developers Bastien and colleagues [1] performed an initial psychometric study and demonstrated an internal consistency of $\alpha = .74$ and found item-total correlations that were quite variable, ranging from .36 to .54.

Obtaining a Copy A copy can be found in the developers' original published article [1].

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Scoring Respondents rate each element of the questionnaire using Likert-type scales. Responses can range from 0 to 4, where higher scores indicate more acute symptoms of insomnia. Scores are tallied and can be compared both to scores obtained at a different phase of treatment and to the scores of other individuals. Though developers point out that their chosen cutoff scores have not been validated, they offer a few guidelines for interpreting scale results: a total score of 0–7 indicates "no clinically significant insomnia," 8–14 means "subthreshold insomnia," 15–21 is "clinical insomnia (moderate severity)," and 22–28 means "clinical insomnia (severe)."

Insomnia Severity Index (ISI)

Name: _____   Date: _____

1. Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very
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			Very Dissatisfied	
0	1	2	3	4

3. 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, etc.).

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
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 Noticeable	Barely	Somewhat	Much	Very Much Noticeable
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

Guidelines for Scoring/Interpretation:

Add scores for all seven items (1a+1b+1c+ 2+3+4+5)   = _____
Total score ranges from 0-28
  0-7   = No clinically significant insomnia
  8-14   = Subthreshold insomnia
  15-21   = Clinical insomnia (moderate severity)
  22-28   = Clinical insomnia (severe)

Reference

1. Bastien, C. H., Vallières, A., & Morin, C. M. (2001). Validation of the insomnia severity index as an outcome measure for insomnia research. *Sleep Medicine, 2*, 297–307.

Representative Studies Using Scale

Manber, R., Edinger, J. D., Gress, J. L., San Pedro-Salcedo, M. G., Kuo, T. F., & Kalista, T. (2008). Cognitive behavioral therapy for insomnia enhances depression outcome in patients with comorbid major depressive disorder and insomnia. *Sleep, 31*(4), 489–495.

LeBlanc, M., Beaulieu-Bonneau, S., Merette, C., Savard, J., Ivers, H., & Morin, C. M. (2007). Psychological and health-related quality of life factors associated with insomnia in a population-based sample. *Journal of Psychosomatic Research, 63*(2), 157–166.