

**INSOMNIA SEVERITY INDEX (ISI)
ADAPTED TO CHILDREN**

Subject ID: _____

Date: _____

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

For the first three questions, please estimate the **SEVERITY** of your child's 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 is
- YOUR CHILD**
- with his current sleeping pattern?

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

5. To what extent do you consider your child's sleep problem to
- INTERFERE**
- with
- HIS**
- daily functioning (e.g., daytime fatigue, ability to function at school/daily chores, concentration, memory, mood)?

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

6. How
- NOTICEABLE**
- to others do you think your child's sleep problem is in terms of impairing
- HIS**
- quality of life?

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

7. How
- WORRIED**
- /distressed is
- YOUR CHILD**
- about his current sleep problem?

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

8. How **SATISFIED**/dissatisfied are **YOU** with your child's current sleep pattern?

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

9. How **NOTICEABLE** to others do you think your child's sleep problem is in terms of impairing **YOUR** quality of life?

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

10. How **WORRIED**/distressed are **YOU** about your child's current sleep problem?

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

11. To what extent do you consider your child's 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	Much interfering	Very much interfering
0	1	2	3	4

Guidelines for Scoring/Interpretation:

ISI-Child: Add scores for the following seven items = 1-2-3-4-5-6-7 Total score ranges from 0-28

ISI-Parent: Add scores for the following seven items: 1-2-3-8-9-10-11

0-7 = No clinically significant insomnia

8-14 = Subthreshold insomnia

15-21 = Clinical insomnia (moderate severity)

22-28 = Clinical insomnia (severe)