

Recognizing and Managing Shift Work Disorder, an Underdiagnosed Condition: *Improving Quality of Life*

Insomnia Severity Index

Please answer each of the questions below by circling the number that best describes your sleep patterns *in the past week*.



Please answer all questions.

Please rate the current (past week's) SEVERITY of your insomnia problem(s):	None	Mild	Moderate	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
How SATISFIED/DISSATISFIED are you with your current sleep pattern?	Very Satisfied 0	Satisfied 1	Neutral 2	Dissatisfied 3	Very Dissatisfied 4
To what extent do you consider your sleep problem to INTERFERE with your daily functioning (eg, daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc)?	Not at All Interfering 0	A Little 1	Somewhat 2	Much 3	Very Much Interfering 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 0	A Little 1	Somewhat 2	Much 3	Very Much Noticeable 4
How WORRIED/DISTRESSED are you about your current sleep problem?	Not at All Worried 0	A Little 1	Somewhat 2	Much 3	Very Much Worried 4

Total: _____