Screening Instruments

NOTE: This is only a suggested list of screening instruments. Screening tools have not been validated as stand-alone assessments for mental health disorders, and must be incorporated into the entire pre-participation evaluation. Trained experts at your institution may appropriately select other screening approaches. Athletics may alternatively or additionally choose to join with campus-wide screening programs conducted in conjunction with campus counseling centers, such as College Response (www.mentalhealthscreening.org).
SCREENING TOPIC: INSOMNIA

Measure: Insomnia Severity Index (ISI)


1. Please rate the current (i.e., last two weeks) SEVERITY of your insomnia problem(s).
   a. Difficulty falling asleep
   b. Difficulty staying asleep
   c. Problem waking up too early

2. How SATISFIED/dissatisfied are you with your current sleep pattern?

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

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

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

Scoring: All items are scored on a 0-4 scale. Question 1: 0=None, 1=mild, 2=moderate, 3=severe, 4=very; question 2: 0=very satisfied, 4=very dissatisfied; question 3: 0=not at all interfering, 1=a little, 2= somewhat, 3= much, 4=very much interfering; question 4: 0=not at all noticeable, 1=a little, 2= somewhat, 3= much, 4=very much noticeable; question 5: 0=not at all, 1=a little, 2= somewhat, 3= much, 4=very much. Item scores are summed.

Interpretation: Maximum score is 28. Scores of 0-7 indicate minimal or nonexistent insomnia. Scores of 8-14 indicate possible insomnia that likely does not meet diagnostic threshold or mild insomnia. Scores 15-21 indicate moderate insomnia. Scores 22-28 indicate severe insomnia. Higher insomnia scores are associated with onset and recurrence of depression and anxiety disorders. Notably, most mental health treatments are often ineffective for insomnia. Thus high insomnia scores that do not decrease with other mental health treatments warrant referral to a sleep specialist.