Insomnia Disorder Screening Guidance

Objective:

To guide clinicians in identifying patients requiring further evaluation for chronic insomnia disorder after initial screening, particularly when diagnosis is uncertain or symptoms persist.

Key Points:

Chronic insomnia disorder is a sleep disorder requiring a clinical diagnosis.

Screening tools help identify likely insomnia but do not confirm diagnosis.

Tools like Insomnia Severity Index (ISI) and Athens Insomnia Scale (AIS) guide assessment; a structured clinical interview is required to confirm a diagnosis of chronic insomnia disorder.

If diagnosis is unclear or complicated by comorbidities, referral to a CBT-I provider or sleep medicine for additional assessment is warranted.

A comorbid condition DOES NOT rule out a diagnosis of chronic insomnia disorder, which is often comorbid with another medical or mental health condition.

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Step 1: Screen for Insomnia Symptoms

Administer one of the following validated tools:

Tool	Score Range	Threshold
Insomnia Severity Index (ISI)	0-28	≥ 11 suggests moderate to severe insomnia
Athens Insomnia Scale (AIS)	0-24	≥ 6 suggests insomnia

Note: Use ISI or AIS for insomnia screening. STOP is useful if sleep apnea is also suspected.

Consider the possibility of comorbid sleep apnea since they commonly co-occur:

STOP Questionnaire (optional if screening for OSA)	0-4	≥ 2 = high risk for OSA

Step 2: Evaluate Clinical Context

Confirm duration ≥ 3 months

Confirm frequency: ≥ 3 nights per week

Assess and confirm daytime impairment (mood, cognition, performance)

If criteria are met → proceed to diagnosis of chronic insomnia disorder

If uncertain → proceed to Step 3

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Step 3: Address Diagnostic Uncertainty

If diagnosis is uncertain due to:

Mild or ambiguous scores

Symptoms of comorbid sleep disorders

Patient report during clinical interview does not align with score

Consider:

Referral to CBT-I provider

Referral to Sleep Medicine Clinic

Step 4: Management & Follow-up

If chronic insomnia diagnosis is confirmed, document diagnosis and proceed with management

If referral is initiated, document reason (uncertain diagnosis, comorbidity, poor response)

Follow up with the patient after treatment **** (check chart)

Recommendations

Screen routinely for insomnia using ISI or AIS in high-risk patients (mental health, chronic pain, PTSD)

Use structured tools but consult diagnostic criteria and rely on clinical judgment to finalize diagnosis

For persistent uncertainty, refer to CBTi provider for evaluation or initiation of CBTi

Insomnia Severity Index

Patient's Name _____ Date _____

For each question, make a single selection to check a box. Click the button to clear the form if needed.

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

	None 0	Mild 1	Moderate 2	Severe 3	Very 4	
Difficulty falling asleep	☐	☐	☐	☐	☐	☐
Difficulty staying asleep	☐	☐	☐	☐	☐	☐
Problem waking up too early	☐	☐	☐	☐	☐	☐

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

Very Satisfied 0	Satisfied 1	Somewhat Satisfied 2	Dissatisfied 3	Very Dissatisfied 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 0	A Little Interfering 1	Somewhat Interfering 2	Much Interfering 3	Very Much Interfering 4	
☐	☐	☐	☐	☐	☐

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

Not at all Noticable 0	A Little Noticable 1	Somewhat Noticeable 2	Much Noticeable 3	Very Much Noticeable 4	
☐	☐	☐	☐	☐	☐

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

Not at all Worried 0	A Little Worried 1	Somewhat Worried 2	Much Worried 3	Very Much Worried 4	
☐	☐	☐	☐	☐	☐

Guidelines for Scoring/Interpretation:

The total score is the sum of all seven items. 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)

TOTAL Score

☐

QUESTIONNAIRE

Snoring - Tired - Observed - Pressure

Patient's Name _____ Date _____

Circle Yes or No for each Question			
YES	NO	**SNORING**	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
YES	NO	**TIRED**	Do you often feel tired, fatigued, or sleepy during the day time?
YES	NO	**OBSERVED**	Has anyone observed you stop breathing during your sleep?
YES	NO	**BLOOD PRESSURE**	Do you have or are you being treated for high blood pressure?

Guidelines for Scoring / Interpretation:
Answering YES to less than two questions = LOW RISK of Obstructive Sleep Apnea
Answering YES to two or more questions = HIGH RISK of Obstructive Sleep Apnea

VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea (Version 1.0–2019)

Athens Insomnia Scale

Patient's Name _____ Date _____

Instructions: This scale is intended to record your own assessment of any sleep difficulty you might have experienced. Please, check (by circling the appropriate number the items below to indicate your estimate of any difficulty, provided that it occured at least three times per week during the last month.

Sleep induction (time it takes you to fall asleep after turning-off the lights):

No problem 0	Slightly delayed 1	Markedly delayed 2	Very delayed or did not sleep at all 3
☐	☐	☐	☐

Awakenings during the night:

No problem 0	Minor Problem 1	Considerable Problem 2	Serious problem or did not sleep at all 3
☐	☐	☐	☐

Final awakening earlier than desired:

Not earlier 0	A little earlier 1	Markedly earlier 2	Much earlier or did not sleep at all 3
☐	☐	☐	☐

Total sleep duration:

Sufficient 0	Slightly insufficient 1	Markedly insufficient 2	Very insufficient or did not sleep at all 3
☐	☐	☐	☐

Overall quality of sleep (no matter how long you slept):

Satisfactory 0	Slightly unsatisfactory 1	Markedly unsatisfactory 2	Very unsatisfactory or did not sleep at all 3
☐	☐	☐	☐

Sense of well-being during the day:

Normal 0	Slightly decreased 1	Markedly decreased 2	Very decreased 3
☐	☐	☐	☐

Functioning (physical and mental) during the day:

Normal 0	Slightly decreased 1	Markedly decreased 2	Very decreased 3
☐	☐	☐	☐

Sleepiness during the day:

None 0	Mild 1	Considerable 2	Intense 3
☐	☐	☐	☐

Guidelines for Scoring/Interpretation:

The total score is the sum of all eight items. Total score ranges from 0-24.

0 - 5 No insomnia

6 - 24 Suggest presence of Insomnia

TOTAL Score ☐

Soldatos CR, Dikeos DG, Paparrigopoulos TJ. Athens Insomnia Scale: validation of an instrument based on ICD-10 criteria. Journal of Psychosomatic Research. 2000;48(6):555–560.