Assessment powered by NovoPsych

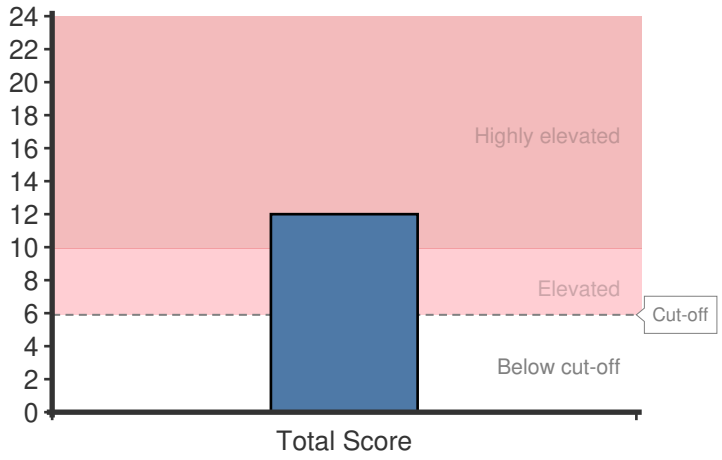
Athens Insomnia Scale (AIS)

Client Name	Generic Client	*Date administered*	30 Jul 2026
Date of birth (age)	1 Jan 1990 (36)	*Time taken*	35s
Assessor	Dr Emerson Bartholomew		

Total Score

	Raw Score (0-24)	Descriptor
Total Score	12	Highly elevated

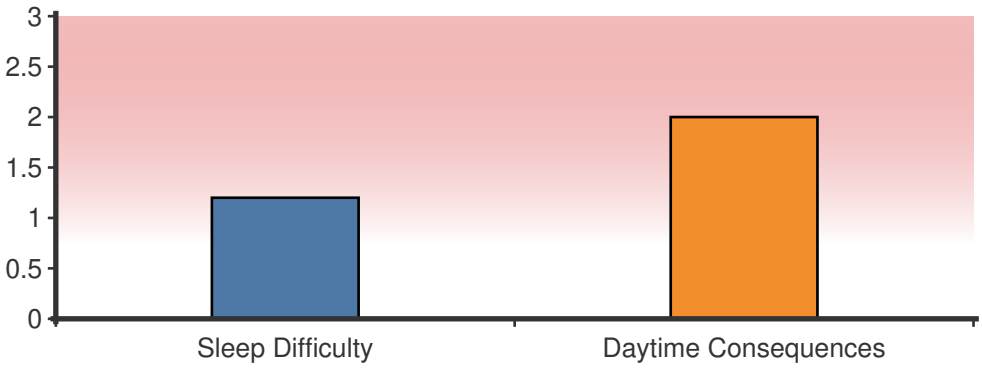
AIS Total Score



Domains

	Average Score
Sleep Difficulty (0-3)	1.2
Daytime Consequences (0-3)	2

AIS Domain Average Scores



Interpretation

Client Name	Generic Client

The Athens Insomnia Scale (AIS) was administered on 30 July 2026, with a total score of 12 out of 24. This score is markedly above the clinical cut-off of 6, suggesting a level of sleep difficulty well above that associated with clinically significant insomnia.

Sleep Difficulty. The sleep difficulty average item score is 1.2 out of 3, reflecting difficulty across the night-time aspects of sleep, including how long it takes to fall asleep, waking through the night, and the amount and quality of sleep obtained.
Items endorsed in this domain included:
- 4. Total sleep duration (Markedly insufficient)
- 5. Overall quality of sleep (no matter how long you slept) (Markedly unsatisfactory)

Daytime Consequences. The daytime consequences average item score is 2.0 out of 3, reflecting the extent to which night-time difficulty is carrying into daytime well-being, functioning and alertness.
Items endorsed in this domain included:
- 6. Sense of well-being during the day (Markedly decreased)
- 7. Functioning (physical and mental) during the day (Markedly decreased)

Daytime impact is reported at a higher level than night-time sleep difficulty.

Scoring and Interpretation Information

For comprehensive information on the AIS, see here.

Each AIS item is rated from 0 to 3 (response options vary per item) and the eight item scores are summed, giving a total from 0 to 24, where 0 denotes the absence of any sleep-related problem and 24 the most severe degree of insomnia.

Two domain scores are also reported, each expressed here as an average item score ranging from 0 to 3:

- Sleep Difficulty (5 items; items 1 to 5), capturing difficulty falling asleep, waking during the night, waking earlier than desired, insufficient sleep duration, and poor overall sleep quality.
- Daytime Consequences (3 items; items 6 to 8), capturing a reduced sense of well-being, impaired physical and mental functioning, and sleepiness during the day.

AIS Total Score Cut-Off and Descriptors

Three descriptor categories are applied to the total score, anchored to the validated clinical cut-off of 6. The second boundary, at 10, is a NovoPsych descriptor gradation. In a general population, where roughly one person in ten has insomnia, a score of 6 or above carries a positive predictive value of 41%, so a positive result at that level is close to an even chance. At 10 or above it rises to 88% (Soldatos et al., 2003). This is the range where the AIS is most specific, with about 99% of people without insomnia scoring below 10. That confidence comes at the cost of sensitivity, which is 52% at the same point, so many true cases sit lower on the scale. Screening therefore continues to work from 6, while 10 describes a result that is strongly supported.

- Below cut-off (0 to 5). A negative screen. Clinically significant insomnia is unlikely, although a low score does not rule out sleep difficulties.
- Elevated (6 to 9). A positive screen, indicating that further assessment of sleep complaint is warranted.

- Highly elevated (10 to 24). A positive screen that is substantially more likely to reflect a true case, on the predictive-value basis described above.

A positive screen indicates that further clinical assessment is warranted, not that a diagnosis of insomnia is established. Results should be interpreted alongside clinical interview findings, and where the presentation suggests another sleep disorder such as obstructive sleep apnoea or a circadian rhythm disorder, referral for specialist sleep assessment may be appropriate.

AIS Domain Interpretation

The AIS domains are the groupings described by Soldatos et al. (2000), who present the first five items as measuring difficulty with sleep quantity and quality and the last three as measuring the daytime consequences of insomnia. They are not validated subscales: no cut-offs, descriptor categories or normative data exist for either, and reporting them as average item scores is a NovoPsych convention rather than a published scoring method. They are reported so that sleep difficulty and daytime impact can be considered separately for clinical purposes, and are read alongside the total score, which remains the primary interpretation index.

Reading the pattern across domains. Because the domains have no cut-offs, they are interpreted relative to one another rather than against cut-offs. For example, a higher Sleep Difficulty score with a lower Daytime Consequences score suggests that disturbed sleep is not yet producing marked functional impact during the day. A higher Daytime Consequences score with a comparatively low Sleep Difficulty score suggests that daytime impairment is disproportionate to the reported night-time disturbance, which may point toward causes other than insomnia, including other sleep disorders, mood disturbance, or medication effects. High scores on both indicate a presentation in which night-time difficulty and daytime impairment are both prominent.

Reviewing individual items. Individual item responses are worth reviewing alongside the domain scores, since each item describes a specific and separately treatable aspect of sleep. For example, difficulty falling asleep, waking through the night, and waking too early each point toward different behavioural components of treatment.

AIS Graphs

On a first administration, two graphs are presented. The total score is displayed on a raw score bar chart spanning the 0 to 24 range. The second shows the two domain scores on a 0 to 3 (average item) scale, against a background gradient, with the gradient beginning at the average item score equivalent of the clinical cut-off (0.75).

When two or more administrations are available, the two first-administration charts are replaced by trajectories. The total score is shown as a line graph across administration dates, with the same three descriptor zones shaded as the background, and the two domains are shown together on a single line graph, on the same 0 to 3 average item scale and gradient as the first-administration chart so values stay comparable across views, with a legend distinguishing the two series. The interpretation portion of the report further presents the change in total score between the initial and current administrations, along with any movement between descriptor categories. Movement across the clinical cut-off is highlighted separately, since a change from a positive to a negative screen, or the reverse, represents a change in screening status rather than simply a change in score. Change is reported as a raw score difference only; no reliable change estimate has been published for the AIS, so none is applied.

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Client Responses

Sleep Difficulty

		0 - No problem	1 - Slightly delayed	2 - Markedly delayed	3 - Very delayed or did not sleep at all
1	Sleep induction (time it takes you to fall asleep after turning off the lights)	0	**1**	2	3
		0 - No problem	1 - Minor problem	2 - Considerable problem	3 - Serious problem or did not sleep at all
2	Awakenings during the night	**0**	1	2	3
		0 - Not earlier	1 - A little earlier	2 - Markedly earlier	3 - Much earlier or did not sleep at all
3	Final awakening earlier than desired	0	**1**	2	3
		0 - Sufficient	1 - Slightly insufficient	2 - Markedly insufficient	3 - Very insufficient or did not sleep at all
4	Total sleep duration	0	1	**2**	3
		0 - Satisfactory	1 - Slightly unsatisfactory	2 - Markedly unsatisfactory	3 - Very unsatisfactory or did not sleep at all
5	Overall quality of sleep (no matter how long you slept)	0	1	**2**	3

Daytime Consequences

		0 - Normal	1 - Slightly decreased	2 - Markedly decreased	3 - Very decreased
6	Sense of well-being during the day	0	1	**2**	3
7	Functioning (physical and mental) during the day	0	1	**2**	3
		0 - None	1 - Mild	2 - Considerable	3 - Intense
8	Sleepiness during the day	0	1	**2**	3