

Date:

Name

DOB:

Hosp No:

## NARCOLEPSY SEVERITY SCALE

***For your answer, please, consider mainly the signs of your illness during the last month.***

**1. Did you experience an irresistible need to sleep during the day? If yes, how many episodes?**

- 5  >1 episode per day
- 4  >1 episode per week
- 3  >1 episode per month
- 2  >1 episode per year
- 1  < 1 episode a year
- 0  Never

**2. Are you worried about falling asleep (without noticing it, suddenly,...) during the day?**

- 3  Very worried
- 2  Worried
- 1  Not very worried
- 0  Not worried at all

**3. How important is the disruption of your work/activities caused by these daytime sleep attacks?**

- 3  Very important
- 2  Important
- 1  Moderately important
- 0  Not important at all / I did not have new sleep episodes

**4. How important is the disruption of your social and family life by these daytime sleep attacks?**

- 3  Very important
- 2  Important
- 1  Moderately important
- 0  Not important at all/ I did not have new sleep episodes

**5. How do you feel generally after one of such daytime sleep attacks?**

- 0  Very refreshed /no new sleep attack
- 1  Refreshed
- 2  Tired
- 3  Very tired

**6. After a daytime sleep attack, how much time will pass before the next episode?**

- 5  < 1 hour
- 4  Between 1 and 3 hours
- 3  Between 3 and 6 hours
- 2  Between 6 and 8 hours
- 1  > 8 hours
- 0  No new sleep episode

**7. To what extent these sudden daytime sleep episodes affect your ability of driving a car?**

- 3  Very much
- 2  Much
- 1  Not too much
- 0  Not at all / I do not drive

Please add up the score for Questions 1-7	Total Score
Questions 1-7 (sleepiness)	/25

**8. How frequently do you have episodes of generalized cataplexy when experiencing emotions (laughter, intense pleasure, surprise) (cataplexy = loss of muscle tone)?**

- 5  >1 episode a day
- 4  >1 episode a week
- 3  >1 episode a month
- 2  >1 episode a year
- 1  < 1 episode a year
- 0  Never / no generalized cataplexy

**9. How frequently do you have episodes of partial cataplexy (only face, neck, arms, or knees) when experiencing emotions?**

- 5  >1 episode a day
- 4  >1 episode a week
- 3  >1 episode a month
- 2  >1 episode a year
- 1  < 1 episode a year
- 0  Never / no partial cataplexy

**10. How much is your work, social or family life affected by these episodes of cataplexy?**

- 3  Very much
- 2  Much
- 1  Not very much
- 0  Not at all / no cataplexy

Please add up the score for Questions 8-10	Total Score
Questions 8-10 (Cataplexy)	/13

**11. How frequently do you have hallucinations when falling asleep or waking up?**

- 5  >1 episode a day
- 4  >1 episode a week
- 3  >1 episode a month
- 2  >1 episode a year
- 1  < 1 episode a year
- 0  Never / no hallucination

**12. To what extent are you bothered by these hallucinations?**

- 3  Very bothered
- 2  Bothered
- 1  Not very bothered
- 0  Not bothered at all / no hallucination

<b>Please add up the score for Questions 11-12</b>	<b>Total Score</b>
Questions 11-12 (Hallucinations)	/8

**13. How frequently do you experience sleep paralysis when falling asleep or waking up?**

- 5  >1 episode a day
- 4  >1 episode a week
- 3  >1 episode a month
- 2  >1 episode a year
- 1  < 1 episode a year
- 0  Never / no sleep paralysis

**14. To what extent are you bothered by these sleep paralysis episodes?**

- 3  Very bothered
- 2  Bothered
- 1  Not very bothered
- 0  Not bothered at all / no sleep paralysis

<b>Please add up the score for Questions 13-14</b>	<b>Total Score</b>
Questions 13-14 (Sleep Paralysis)	/8

**15. Currently, how disturbed is your nighttime sleep?**

- 3  Very much
- 2  Much
- 1  Not too much

**Please summarise the scores of all the items in the following table and add up the total:**

Score for Narcolepsy Severity Questionnaire		
Questions 1-7	Sleepiness	/25
Questions 8-10	Cataplexy	/13
Questions 11-12	Hallucinations	/8
Questions 13-14	Sleep Paralysis	/8
Question 15	Nighttime sleep	/3
<b>TOTAL SCORE</b>		<b>/57</b>