



SYMPTOM CHECKER SECTION ONE

(ESS) EPWORTH SLEEPINESS SCALE

Name: _____ Date of Birth: _____ Date: _____

MEASURE YOUR SLEEPINESS:

Rate how likely you are to doze or fall asleep in the following situations, in contrast to feeling just tired. If you have not done some of these activities recently, select what would most likely occur if you were in that situation. It is important that you answer each question as best you can.

RATE YOUR CHANCE OF DOZING IN EACH SITUATION

0 Would never doze 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing

Situation	Chance of Dozing <i>Check only one box for each question below.</i>
Sitting and reading	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Watching television	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Sitting inactive in a public place (eg, a theater or a meeting)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
As a passenger in a car for an hour without a break	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Sitting and talking to someone	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Sitting quietly after a lunch without alcohol	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
In a car, while stopped for a few minutes in traffic	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

SCORE: _____

SYMPTOM CHECKER SECTION TWO

(SNS) SWISS NARCOLEPSY SCALE

CHECK ONLY ONE BOX FOR EACH QUESTION BELOW.

How often are you unable to fall asleep?

- Never 1
- Rarely (less than once a month) 2
- Sometimes (1-3 times a month) 3
- Often (1-2 times a week) 4
- Almost always 5 _____

How often do you feel bad or not well rested in the morning?

- Never 1
- Rarely (less than once a month) 2
- Sometimes (1-3 times a month) 3
- Often (1-2 times a week) 4
- Almost always 5 _____

How often do you take a nap during the day?

- Never 1
- I would like to but cannot 2
- Sometimes (1-2 times a week) 3
- Often (3-5 times a week) 4
- Almost daily 5 _____

How often have you experienced weak knees/buckling of the knees during emotions like laughing, happiness, or anger?

- Never 1
- Rarely (less than once a month) 2
- Sometimes (1-3 times a month) 3
- Often (1-2 times a week) 4
- Almost always 5 _____

How often have you experienced sagging of the jaw during emotions like laughing, happiness, or anger?

- Never 1
- Rarely (less than once a month) 2
- Sometimes (1-3 times a month) 3
- Often (1-2 times a week) 4
- Almost always 5 _____

SCORE: _____

SYMPTOM CHECKER SECTION THREE

(RLS) RESTLESS LEGS SYNDROME

Restless legs syndrome (RLS) is a disorder of the part of the nervous system that causes an urge to move the legs. Because it usually interferes with sleep, it also is considered a sleep disorder. Please answer the following questions as they apply to you below.

CHECK ONLY ONE BOX FOR EACH QUESTION BELOW.

Overall, how would you rate the restless legs syndrome (RLS) discomfort in your legs or arms?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

Overall, how would you rate the need to move around because of your RLS symptoms?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

Overall, how much relief of your RLS arm or leg discomfort did you get from moving around?

- No RLS symptoms; question does not apply 0
- Complete or almost complete relief 1
- Moderate relief 2
- Mild relief 3
- No relief 4

Overall, how severe was your sleep disturbance because of your RLS symptoms?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

How severe was your tiredness or sleepiness because of your RLS symptoms?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

Overall, how severe was your RLS as a whole?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

How often did you have RLS symptoms?

- Never 0
- Occasionally; one day or less 1
- Sometimes; two to three days 2
- Often; four to five days 3
- Very often; six to seven 4

When you had RLS symptoms, how severe were they on an average day?

- None 0
- Mild; less than one hour per 24 hours 1
- Moderate; one to three hours per 24 hours 2
- Severe; three to eight hours per 24 hours 3
- Very severe; at least eight hours per 24 hours 4

Overall, how severe was the impact of your RLS symptoms on your ability to carry out your daily affairs (for example carrying out a satisfactory family, home, social, school, or work life)?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

How severe was your mood disturbance because of your RLS symptoms (for example, angry, depressed, sad, anxious, or irritable)?

- None 0
- Mild 1
- Moderate 2
- Severe 3
- Very severe 4

SCORE: _____

Name: _____ Date of Birth: _____ Date: _____

In this questionnaire, when the words "sleepy" or "tired" are used, it means the feeling that you can't keep your eyes open, your head is droopy, that you want to "nod off", or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you may have after you have exercised.

CHECK ONLY ONE BOX FOR EACH QUESTION BELOW.

Try to be as accurate as possible.

1 = Yes 2 = Yes, moderate 3 = Yes, a little 4 = No

Do you have difficulty concentrating on the things you do because you are sleepy or tired?

- 1
- 2
- 3
- 4

Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?

- 1
- 2
- 3
- 4

Do you generally have difficulty remembering things because you are sleepy or tired?

- 1
- 2
- 3
- 4

Do you have difficulty watching a movie or video because you become sleepy or tired?

- 1
- 2
- 3
- 4

Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy?

- 1
- 2
- 3
- 4

Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?

- 1
- 2
- 3
- 4

Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy?

- 1
- 2
- 3
- 4

Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?

- 1
- 2
- 3
- 4

Do you have difficulty visiting your family or friends in their home because you become sleepy or tired?

- 1
- 2
- 3
- 4

Has your mood been affected because you are sleepy or tired?

- 1
- 2
- 3
- 4

SCORE: _____

PHYSICIAN SCORING

EPWORTH SLEEPINESS SCALE (ESS)

Scoring

The chance of dozing or falling asleep in 8 situations is rated on a scale of 0-3, with 0 indicating “would never doze” and 3 indicating a “high chance of dozing.” Ensure each question is answered or ask patients to estimate responses to unanswered questions based on recent times. Add the scores for each of the questions to yield a total score ranging from 0-24.¹

TOTAL ESS SCORE: _____

Interpretation

An ESS score >10 suggests excessive daytime sleepiness (EDS).⁵ An ESS score ≥ 16 suggests a high level of EDS. Scores within this range are generally associated with significant sleep disorders, including narcolepsy.¹ A high ESS score is suggestive of EDS only and is not diagnostic for a specific sleep disorder. Patients with EDS (ie, ESS >10) may need to be evaluated for a potential sleep disorder, including narcolepsy.¹

NORMAL: 0 – 8 MILD: 9 – 11 MODERATE: 12 – 15 SEVERE: 16 – 20 VERY SEVERE: 20 - 24

SWISS NARCOLEPSY SCALE (SNS)

Scoring

Frequency for each behavioral complaint is rated on a 5-point scale, from 1, indicating “never,” to 5, indicating “almost always.” Each question is weighted by a positive or negative factor, with the score calculated using the following validated equation: $(6 \times Q1 + 9 \times Q2 - 5 \times Q3 - 11 \times Q4 - 13 \times Q5 + 20)$.^{2,3}

TOTAL SNS SCORE: _____

Interpretation

An SNS score <0 is suggestive of narcolepsy with cataplexy.^{2,3} The SNS is not validated to screen for narcolepsy without cataplexy.

RESTLESS LEG SYNDROME SCALE (RLS)

Scoring

The IRLS Rating Scale was developed by the International Restless Legs Syndrome Study Group (IRLSSG) to assess the severity of a patient’s RLS symptoms. 1 Ask your patient the 10 questions listed below and have them rate their symptoms from 0 to 4. Mark each answer and total their IRLS score. It will range from 0 to 40.⁴

TOTAL ESS SCORE: _____

Interpretation

MILD: 0 – 10 MODERATE: 11 – 20 SEVERE: 21 – 30 VERY SEVERE: 31 – 40

FUNCTIONAL OUTCOME OF SLEEP QUESTIONNAIRE (FOSQ-10)

Scoring

For both the FOSQ-10, an average score is calculated for each subscale, and the 5 subscales are totaled to produce a total score. Missing responses, and responses from activities in which the respondent does not participate regularly “for reasons other than being sleepy or tired,” are not included in the score calculation (i.e., not included in the calculation of average value for subscales). Therefore, missing responses do not necessarily prevent score calculation. Subscale scores for both the FOSQ-10 and FOSQ-30 range from 1– 4 with total scores ranging from 5–20.⁵

TOTAL FOSQ-10 SCORE: _____

Interpretation

Score range is 5–20 points, with higher scores indicating better functional status.

References

1. Johns MW. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. *Sleep*. 1991;14(6):540-545.
2. Bassetti CL. Spectrum of narcolepsy. In: Baumann CR, Bassetti CL, Scammell TE, eds. *Narcolepsy: Pathophysiology, Diagnosis, and Treatment*. New York, NY: Springer Science+Business Media; 2011:309-319.
3. Sturzenegger C, Bassetti CL. The clinical spectrum of narcolepsy with cataplexy: a reappraisal. *J Sleep Res*. 2004;13(4):395-406.
4. The International Restless Legs Syndrome Study Group. Validation of the International Restless Legs Syndrome Study Group Rating Scale for Restless Legs Syndrome. *Sleep Med*. 2003;4(2):121-132.
5. Chasens ER; Ratcliffe SJ; Weaver TE. Development of the FOSQ-10: a short version of the functional outcomes of sleep questionnaire. *SLEEP* 2009;32(7):915-919.