



NARCOLEPSY SYMPTOM SCREENER

This screener is not intended to make a diagnosis or take the place of an evaluation by a sleep specialist.

The Narcolepsy Symptom Screener is designed to help assess your symptoms so that you can have a more informed conversation with your doctor. **Complete the scales below and share your responses with your doctor.** Your doctor will use the information on the back of the screener to calculate your scores.

Name: _____ DOB: _____ Date: _____

MEASURE YOUR SLEEPINESS: EPWORTH SLEEPINESS SCALE¹

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			
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (eg, a theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Source: Johns MW. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. *Sleep*. 1991;14(6):540-545. This copyrighted material is used with permission granted by the Associated Professional Sleep Societies - October 2012. Unauthorized copying, printing or distribution of this material is strictly prohibited.

EXPLORE YOUR SYMPTOMS: SWISS NARCOLEPSY SCALE^{2,3}

This tool was created to screen individuals for narcolepsy with cataplexy. Please answer the questions below by choosing the appropriate number.

Q1. How often are you unable to fall asleep?

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

Q2. How often do you feel bad or not well rested in the morning?

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

Q3. How often do you take a nap during the day?

1. Never 2. I would like to, but cannot 3. 1-2 times a week 4. 3-5 times a week 5. Almost daily

Q4. How often have you experienced weak knees/buckling of the knees during emotions like laughing, happiness, or anger?

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

Q5. How often have you experienced sagging of the jaw during emotions like laughing, happiness, or anger?

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

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Share your responses with your doctor. Your doctor will use the scoring instructions on the reverse to calculate your scores.



SCORING AND INTERPRETATION

This screener is not intended to make a diagnosis or replace complete evaluation by a sleep specialist.

A narcolepsy diagnosis should be established by a sleep specialist with a clinical interview and a nighttime polysomnogram (PSG) followed by a Multiple Sleep Latency Test (MSLT) performed under standardized conditions.⁴

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.^{1,5}

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

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}

SNS SCORING CALCULATOR

For each question, write the patient’s rating, then multiply by the weighting factor and enter the result. Follow the equation to calculate the total score.

Question	Patient Rating	Weighting Factor	Score Calculation
Q1	_____	x 6 =	_____
Q2	_____	x 9 =	_____
Q3	_____	x 5 =	_____
Q4	_____	x 11 =	_____
Q5	_____	x 13 =	_____
			+
			20
TOTAL			<input type="text"/>

Interpretation

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

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. American Academy of Sleep Medicine. *International Classification of Sleep Disorders*. 3rd ed. Darien, IL: American Academy of Sleep Medicine; 2014.
5. Johns M, Hocking B. Excessive daytime sleepiness: daytime sleepiness and sleep habits of Australian workers. *Sleep*. 1997;20(10):844-849.