



# NARCOLEPSY SYMPTOM SCREENERS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## EPWORTH SLEEPINESS SCALE<sup>1</sup>

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

This refers to your usual way of life recently.

Even if you haven't done some of these things recently, try to figure out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation.

**0** No chance of dozing    **1** Slight chance of dozing    **2** Moderate chance of dozing    **3** High chance of dozing

*It is important that you answer each question as best you can.*

Situation	Chance of Dozing			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g., 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 while 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 or bus, while stopped for a few minutes in traffic	0	1	2	3

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Share your responses with your doctor. Your doctor will use the scoring instructions below to calculate your score.

### Scoring and Interpretation

*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.<sup>2</sup>*

**TOTAL ESS SCORE**

### 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.<sup>1,3</sup>

### Interpretation

An ESS score >10 suggests excessive daytime sleepiness (EDS).<sup>3</sup> An ESS score ≥16 suggests a high level of EDS. Scores within this range are generally associated with significant sleep disorders, including narcolepsy.<sup>1</sup> 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.<sup>1</sup>

### Interpreting Epworth Sleepiness Scale Scores<sup>1</sup>

Normal	EDS*	High Levels of EDS*
0-10	>10	>16

# SWISS NARCOLEPSY SCALE<sup>4,5</sup>

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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## Scoring and Interpretation

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.<sup>2</sup>

**TOTAL SNS SCORE**

## 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:  $(6 \times Q1 + 9 \times Q2 - 5 \times Q3 - 11 \times Q4 - 13 \times Q5 + 20)$ .<sup>4,5</sup>

## 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 =	_____
<b>TOTAL</b>			<div style="text-align: center;"> <span style="font-size: 2em;">+</span>  <span style="font-size: 1.5em;">20</span>  <input style="width: 50px; height: 20px;" type="text"/> </div>

## Interpretation

An SNS score <0 is suggestive of narcolepsy with cataplexy.<sup>4,5</sup> The SNS is not validated to screen for narcolepsy without cataplexy.

## References

- Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. *Sleep*. 1991;14(6):540-545.
- American Academy of Sleep Medicine. *International Classification of Sleep Disorders*. 3rd ed. Darien, IL: American Academy of Sleep Medicine; 2014.
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- 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.
- Sturzenegger C, Bassetti CL. The clinical spectrum of narcolepsy with cataplexy: a reappraisal. *J Sleep Res*. 2004;13(4):395-406.