

Patient FULL name: _____ Date of Birth: _____

Today's Date: _____

Narcolepsy Severity Scale (NSS)

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

Item NSS01: Did you experience an irresistible need to sleep during the day? If yes, how many episodes?

005: >1 episode per day

004: >1 episode per week

003: > 1 episode per month

002: >1 episode per year

001: <1 episode a year

000: Never

Item NSS02: Are you worried about falling asleep (without noticing it, suddenly,...) during the day?

003: Very worried

002: Worried

001: Not very worried

000: Not worried at all

Item NSS03: How important is the disruption of your work/activities caused by these daytime sleep attacks?

003: Very important

002: Important

001: Moderately Important

000: Not important at all/I did not have daytime sleep attacks

Item NSS04: How important is the disruption of your social and family life by these daytime sleep attacks?

003: Very important

002: Important

001: Moderately important

000: Not important at all/I did not have daytime sleep attacks

Item NSS05: How do you feel generally after one of such daytime sleep attacks?

000: Very refreshed/no new sleep attack

001: Refreshed

002: Tired

003: Very tired

Item NSS06: After a daytime sleep attack, how much time will pass before the next daytime sleep attack?

005: < 1 hour

004: Between 1 and 3 hours

003: Between 3 and 6 hours

002: Between 6 and 8 hours

001: > 8 hours

000: I do not usually have another daytime sleep attack before bedtime

Item NSS07: To what extent do these sudden daytime sleep attacks affect your ability to drive a car?

003: Very much

002: Much

001: Not too much

000: Not at all/I do not drive for other reasons

Item NSS08: How frequently do you have episodes of generalized cataplexy when experiencing emotions (laughter, intense pleasure, surprise) (generalized cataplexy = loss of muscle tone all over, collapse or cannot move)

005: >1 episode a day

004: >1 episode a week

003: >1 episode a month

002: >1 episode a year

001: <1 episode a year

000: Never, no generalized cataplexy

Item NSS09: How frequently do you have episodes of partial cataplexy (only face, neck, arms, or knees) when experiencing emotions?

005: >1 episode a day

004: >1 episode a week

003: >1 episode a month

002: >1 episode a year

001: <1 episode a year

000: Never, no partial cataplexy

Item NSS10: How much is your work, social or family life affected by these episodes of cataplexy?

003: Very much

002: Much

001: Not very much

000: Not at all/no cataplexy

Item NSS11: How frequently do you have hallucinations when falling asleep or waking up?

- 005: >1 episode a day
- 004: >1 episode a week
- 003: >1 episode a month
- 002: >1 episode a year
- 001: <1 episode a year
- 000: Never, no hallucinations

Item NSS12: To what extent are you bothered by these hallucinations?

- 003: Very bothered
- 002: Bothered
- 001: Not very bothered
- 000: Not bothered at all/no hallucination

Item NSS13: How frequently do you experience sleep paralysis when falling asleep or waking up

- 005: >1 episode a day
- 004: >1 episode a week
- 003: >1 episode a month
- 002: >1 episode a year
- 001: <1 episode a year
- 000: Never, no sleep paralysis

Item NSS14: To what extent are you bothered by these sleep paralysis episodes?

- 003: Very bothered
- 002: Bothered
- 001: Not very bothered
- 000: Not bothered at all/no sleep paralysis

Item NSS15: Currently, how disturbed is your nighttime sleep?

- 003: Very much
- 002: Much
- 001: Not too much
- 000: Not at all

Total score: /57