Living with **narcolepsy?**

Is your excessive daytime sleepiness **STILL** interfering with your life?

Do you still...



Fight to stay awake and alert throughout the day?



Feel a constant need to sleep that you just can't shake?



Feel likely to doze off in everyday situations, like when you are at work, or riding in a car?



Wake up feeling refreshed, but it doesn't last?

If you answered yes to any of these questions...



Fill out the Epworth Sleepiness Scale on the reverse to help you talk with your healthcare provider about your level of daytime sleepiness and how it might still be affecting you.

For more information visit LivingWithNarcolepsy.com

Living with narcolepsy?

Complete the scale below to help measure your usual level of daytime sleepiness.

Epworth Sleepiness Scale (ESS)

The ESS measures how likely you are to doze off or fall asleep in the following situations, in contrast to feeling just tired. This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

Complete this scale monthly to track your symptoms.

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

0 = would never doze 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 (circle one) | | | |
|--|---|--|-------------------------------|--|---|---|
| Sitting and reading | | | 0 | 1 | 2 | 3 |
| Watching TV | | | 0 | 1 | 2 | 3 |
| Sitting, inactive in a public place (e.g., a theatre 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 |
| Total Score: | | | | | | |
| 0-10 Normal Daytime Sleepiness | ormal Daytime Mild Excessive Moderate E | | xcessive | 16-24 Severe Excessive Daytime Sleepiness | | |

Discuss your total score with your healthcare provider.



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