

IDIOPATHIC HYPERSOMNIA SEVERITY SCALE (1/2)

Name: _____

DOB: _____

Date: _____

The Idiopathic Hypersomnia Severity Scale (IHSS) was created by sleep experts to help determine the severity of symptoms in people with IH and provide a measurement that may be useful for follow-up visits with a sleep specialist. The scale below measures both nighttime and daytime symptoms and the sleep inertia (or “sleep drunkenness”) related to each, as well as impaired daytime functioning. Please rate your symptoms using the 3- or 4-point scale for each question and review your responses with your doctor.

Considering your symptoms during the past month:

Fill in your answers here



1. What for you is the **ideal duration of night-time sleep (at the weekend or on holiday, for example)?**

(3) 11 hours or more

(2) more than 9 hours and less than 11 hours

(1) between 7 hours and 9 hours

(0) less than 7 hours

2. When circumstances require that you get up at a particular time in the morning (for example, for work or studies, or to take the children to school during the week), do you feel **that you have not had enough sleep?**

(3) always

(2) often

(1) sometimes

(0) never

3. Is it **extremely difficult** for you, or even **impossible**, to wake up in the morning **without several alarm clocks or the help of someone else?**

(3) always

(2) often

(1) sometimes

(0) never

4. After a night's sleep, how long does it take you **to feel like you are functioning properly after you get up (in other words, fully functional, both physically and intellectually)?**

(4) 2 hours or more

(3) more than 1 hour but less than 2 hours

(2) between 30 minutes and 1 hour

(1) less than 30 minutes

(0) I feel I am functioning properly as soon as I wake up

5. In the minutes after waking up, do you ever **do irrational things** and/or **say irrational things**, and/or are you **very clumsy (for example, tripping up, breaking things or dropping things)?**

(3) always

(2) often

(1) sometimes

(0) never

6. During the day, when circumstances allow, **do you ever take a nap?**

(4) very often (6-7 times a week)

(3) often (4-5 times a week)

(2) sometimes (2-3 times a week)

(1) rarely (once a week)

(0) never

7. What for you is the **ideal length of your naps (at the weekends or on holiday, for example)?**

Note: if you take several naps, add them all together.

(3) 2 hours or more

(2) more than 1 hour and less than 2 hours

(1) less than 1 hour

(0) no naps

Subtotal

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8. In general, how do you feel after a nap?

- (3) very sleepy (2) sleepy
(1) awake (0) wide awake

9. During the day, while carrying out activities that are not very stimulating, do you ever struggle to stay awake?

- (4) very often (at least twice a day) (3) often (4-7 times a week)
(2) sometimes (2-3 times a week) (1) rarely (once a week or less)
(0) rarely

10. Do you consider that your hypersomnolence has an impact on your general health (ie, lack of energy, no motivation to do things, physical fatigue on exertion, decrease in physical fitness)?

- (4) very significant (3) significant
(2) moderate (1) minor
(0) no impact

11. Do you consider that your hypersomnolence is a problem in terms of your proper intellectual functioning (ie, problems with concentration, memory problems, decrease in your intellectual performance)?

- (4) very significant (3) significant
(2) moderate (1) minor
(0) no problem

12. Do you consider that your hypersomnolence affects your mood (for example, sadness, anxiety, hypersensitivity, irritability)?

- (4) very severely (3) severely
(2) moderately (1) slightly
(0) not at all

13. Do you consider that your hypersomnolence prevents you from carrying out daily tasks properly (family-related or household tasks, school, leisure, or job-related tasks)?

- (4) very significantly (3) significantly
(2) moderately (1) slightly
(0) not at all

14. Do you consider that your hypersomnolence is a problem in terms of your driving a car?

- (4) very significant (3) significant
(2) moderate (1) minor
(0) no problem/I do not drive

Interpreting Your IHSS Score

Your score will range from 0 to 50. A score of 22 or below is typical for people without any sleep disorder. Higher scores on the IHSS indicate more severe symptoms of IH.

This questionnaire is not intended to take the place of talking with a doctor. Regardless of the questionnaire results, if you have concerns about your symptoms, you are encouraged to discuss them with your doctor.

Sources: Dauvilliers Y, Evangelista E, Barateau L, et al. Measurement of symptoms in idiopathic hypersomnia: the Idiopathic Hypersomnia Severity Scale. *Neurology*. 2019;92(15):e1754-e1762. Dauvilliers Y. Idiopathic hypersomnia severity scale. 2018. Accessed March 2021. <http://links.lww.com/WNL/A854>

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TOTAL SCORE