LIVING WITH IH

IH Symptoms Quiz

Complete this 6-question quiz and share your answers with your doctor to help track your symptoms and discuss Idiopathic Hypersomnia (IH).

Idiopathic Hypersomnia is more than just feeling very sleepy during the day—**it's a multi-symptom sleep disorder**. Whether you've already been diagnosed and are taking a medication, or think you may have IH, it's important to tell your doctor about all the symptoms you're experiencing, so you can explore your treatment options together.

As you complete this quiz, think about your typical day from morning until nighttime—how your symptoms affect your activities, lifestyle, and relationships. Try to answer as truthfully as possible to paint a clear picture of how IH may be affecting you. **Keep your answers handy so you can refer to them the next time you are speaking with your doctor about your symptoms.**

REMEMBER: It's vital that you keep your doctor informed about all of your IH symptoms so use this at your next appointment to talk to your doctor. If there have been changes in your sleepiness or how you feel, speak up!

| | HOW DO YOU FIND WAKING UP IN THE MORNING? | | | |
|-------------------|--|-------------------------|----------------------------------|-------------------|
| | QUESTION 1: I find waking up is | | | |
| MORNING WAKEUP | Pretty easy | Somewhat hard | Really hard | Impossible |
| | QUESTION 2: I need multiple alarms or help from someone else to wake up | | | |
| MORNIN | Never | Sometimes | Often | Every time |
| | QUESTION 3: Based on the previous night's sleep, I typically wake up feeling | | | |
| | Rested | Not rested | | |
| DAYTIME & EVENING | NOW THAT YOU'RE UP, HOW DO YOU FEEL THE REST OF THE DAY AND INTO THE EVENING? | | | |
| | QUESTION 4: After taking a nap, I usually wake up feeling | | | |
| | Rested | Like I never even slept | Actually, I don't take naps | |
| | QUESTION 5: The following things in my life are negatively affected by my sleepiness during the day: (select all that apply) | | | |
| | My energy level and motivation to do things | | Household chores | |
| DAY | Driving a vehicle safely | | My performance at school or work | |
| | Being able to remember things and/or focus on tasks My relationships with others | | | th others |
| | Other: | | | |
| NIGHTTIME SLEEP | | | | |
| | HOW LONG IS YOUR NIGHTTIME SLEEP? | | | |
| | QUESTION 6: On a weekend or a holiday, my ideal nighttime sleep is | | | |
| NIGHT | 11+ hours | 9-11 hours | 7-9 hours | Less than 7 hours |
| | | | | |

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