



Name \_\_\_\_\_ Date \_\_\_\_\_

Weekdays: Typical bedtime \_\_\_\_\_ Typical wake up time \_\_\_\_\_

Weekends: Typical bedtime \_\_\_\_\_ Typical wake up time \_\_\_\_\_

You are being asked questions about symptoms of a possible sleep problem. Think about your last week while you were in school when choosing your answers.

Check "Often" if the symptom happens 3 times or more per week. Check "Sometimes" if the symptoms happens 1-3 times per week Check "Never" if you do not have the symptom.

Check "DNK" for do not know if you are not sure if you have the symptom.

	Often (3) (> 3/week)	Sometimes (2) (1-3/week)	Never (1) (Never noted)	DNK (0) (Do not know)
1. I fall asleep in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I miss things in class because I am sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My friends tell me I fall asleep easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I fall asleep in the bus/car after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I ask to go to the nurse's office or somewhere quiet to sleep during the school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel weak in the knees when I laugh with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My voice slurs when I laugh hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My body feels weak briefly when I get excited or laugh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I dream when I sleep at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My dreams seem very real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I wake up, I can't move for a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I write silly things when taking notes in class because I am sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. It takes me a long time to do my homework because I am so tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Doing homework makes me tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Instructions

Add up total points in each column:

Often = 3 points

Sometimes = 2 points

Never = 1 point

Do not Know = Ask your provider to explain symptom if you are unsure how to respond.

Total Score (1–14): \_\_\_\_\_

Sleepiness Subscale Score (1–5, 12): \_\_\_\_\_

## Interpretation

This screening questionnaire is not a substitute for medical advice and should not be used to diagnose or treat a health condition.

Total score >24 suggests high risk for narcolepsy or idiopathic hypersomnia. Please take this form to your health care provider or sleep medicine specialist to discuss your sleep related concerns.

Sleepiness Subscale Score >8 suggests severe daytime sleepiness. Please take this form to your health care provider to discuss your sleep related concerns.

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Maski KP, Worhach J, Steinhart E, Boduch M, Morse AM, Strunc M, Scammell TE, Owens J, Jesteadt L, Crisp C, Williams D, Sideridis G. Development and Validation of the Pediatric Hypersomnolence Survey (PHS). *Neurology*. Accepted January 26, 2022.



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