Boston Children's Hospital | Sleep Center

Pediatric Hypersomnolence Survey

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	☐	☐	☐	☐
2. I miss things in class because I am sleepy	☐	☐	☐	☐
3. My friends tell me I fall asleep easily	☐	☐	☐	☐
4. I fall asleep in the bus/car after school	☐	☐	☐	☐
5. I ask to go to the nurse's office or somewhere quiet to sleep during the school day	☐	☐	☐	☐
6. I feel weak in the knees when I laugh with my friends	☐	☐	☐	☐
7. My voice slurs when I laugh hard	☐	☐	☐	☐
8. My body feels weak briefly when I get excited or laugh	☐	☐	☐	☐
9. I dream when I sleep at night	☐	☐	☐	☐
10. My dreams seem very real	☐	☐	☐	☐
11. When I wake up, I can't move for a few minutes	☐	☐	☐	☐
12. I write silly things when taking notes in class because I am sleepy	☐	☐	☐	☐
13. It takes me a long time to do my homework because I am so tired	☐	☐	☐	☐
14. Doing homework makes me tired	☐	☐	☐	☐

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.

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.