Excessive daytime sleepiness or uncontrollable sleep episodes

Please print this form, check **one box per question**, and bring the completed form to your appointment. These are the questions your neurologist is most likely to ask about this symptom — answering them on paper first makes the visit faster and more accurate. If you are unsure of an answer, check "Not sure".

Your name	Date of birth	Today's date
_____	_____	_____

1A. Safety screen

Answer every question. If any answer is "Yes" or "Not sure", follow the instruction shown below the question — these can be emergencies.

Is there current severe breathlessness, blue lips, chest pain, or inability to awaken?

☐ No ☐ Yes ☐ Not sure

If yes: Call emergency services now.

Is the person falling asleep while driving, operating machinery, or doing another safety-critical activity?

☐ No ☐ Yes ☐ Not sure

If yes: Stop the activity now and arrange prompt assessment; do not drive until the safety issue has been evaluated.

Is there new focal weakness, sudden severe headache, confusion, or a prolonged seizure?

☐ No ☐ Yes ☐ Not sure

If yes: Call emergency services now.

Has a sleep behavior caused serious injury, or is there a new prolonged unresponsive episode?

☐ No ☐ Yes ☐ Not sure

If yes: Seek emergency or same-day assessment depending on current responsiveness and injury severity.

1B. Timeline

Use the first occurrence for recurrent episodes and the current episode for a changing symptom.

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months

☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable

☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Which description fits best?

☐ Unintended sleep or irresistible sleep attacks ☐ Tiredness without actually falling asleep

☐ Long unrefreshing sleep with difficulty awakening ☐ Variable sleepiness

How much regular sleep opportunity is there?

☐ Usually insufficient time for sleep ☐ Adequate time but still sleepy ☐ Highly irregular shift/circadian schedule ☐ Not sure

Are there witnessed apneas, snoring, cataplexy, sleep paralysis, or dream-like hallucinations?

☐ Snoring, gasping, or witnessed pauses ☐ Emotion-triggered weakness, paralysis, or hallucinations ☐ Both groups ☐ None

Is there a sedating medicine/substance, neurological illness, mood disorder, or another sleep disorder?

☐ Yes ☐ No known contributor ☐ Not sure

1D. Associated findings

Record other clues and the effect on usual activities. New associated symptoms can change urgency.

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

These answers help distinguish medication, medical, neurological, and pre-existing contributors.

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

1F. Additional history

Use the lines below to record exact dates and times, witness details, current medications and any recent dose changes, prior tests or investigation reports, and what your usual baseline function is.

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This form collects your history only. It cannot diagnose, triage, or exclude an emergency, and it is not medical advice. Call 911 for severe, sudden, or worsening symptoms.