IHSS, which was developed in 2019, is a 14 -item self-assessment questionnaire that measures the severity, frequency, and functional impact of the 3 key IH symptoms.


Idiopathic Hypersomnia Severity Scale (IHSS)
On the basis of your symptoms during the past month:

1. What for you is the ideal duration of nigh-time sleep (at the weekend or on holiday, for example)?
(3) $\square 11$ hours or more
(2) $\square 9$ hours and $<11$ hours
(1) $\square$ Between $7-9$ hours
(0) less than 7 hours
2. Do you feel that you have not had enough sleep?
(3) $\square$ always
(2) $\square$ often
(1) $\square$ sometimes
(0) $\square$ never
3. Is it extre close?
(3) $\square$ always
(1) $\square$ sometimes
(0) $\square$ never
4. How long does it take you to feel you are functioning properly after you get up?
(4) $\square 2$ hours or more
(3) $\square$ more than 1 hour but less than 2 hours
(1) less than 30 minutes
(0) $\square$ I feel I'm functioning properly as soon as I wake up
5. After waking up, do you ever do or say irrational things, and/or are you very clumsy?
(3) $\square$ always
(2) $\square$ often
(1) $\square$ sometim
(0) $\square$ never
6. During the day, when circumstances allow, do you ever take a nap?
(4) $\square$ Very often, $6-7$ times/we
(3) $\square$ often, $4-5$ times/week
(2) sometimes, $2-3$ times/week
(1) $\square$ rarely, once a week
(0) $\square$ never
(0) never
7. What for you is the ideal length of naps?
(3) $\square 2$ hours or more
(2) $\square$ more than 1 hour and less than 2 hours
(1) less than 1 hour
(0) $\square$ no naps
8. In general, how do you feel after a nap?
(3) $\square$ Very sleepy
(2) $\square$ sleepy
(0) $\square$ wide awake
9. During the day, while carrying out activities that are not very stimulating, do you ever struggle to stay awake (4) $\square$ Very often, at least $2 \times /$ day
(4) $\square$ Very often, at leas
(3) $\square$ often, $4-7 \times /$ week
(2) $\square$ sometimes, $2-3 x /$ week
(1) $\square$ rarely, $1 \times /$ week or less
(0) $\square$ never
10. Do you consider that your hypersomnolence has an impact on your general health?
(4) $\square$ Very significant
(2) $\square$ moderate
(1) $\square$ minor
(0) $\square$ no impact
11. Do you consider that your hypersomnolence is a problem in terms of your proper intellectual functioning?
(4) $\square$ Very significant
(2) significan
(1) minor
(0) $\square$ no problem
12. Do you consider that your hypersomnolence affects your mood?
(4) $\square$ Very severely
(3) $\square$ severely
(1) $\square$ slightly
(0) $\square$ not at all
13. Do you consider that your hypersomnolence prevents you from carrying out daily tasks properly?
(4) Very significant
(3) $\square$ significantly
(1) $\square$ slightly
(0) $\square$ not at all
14. Do you consider that your hypersomnolence is a problem in terms of your driving a car?
(4) $\square$ Very significant
(2) $\square$ significant
(1) $\square$ minor
(0) $\square$ no problem/I do not drive

INTERPRETING THE IHSS SCALE

## CLINICALLY RELEVANT

 SCORE RANGESMild $=0-12$ Moderate $=13-25$

