

**SLEEP CENTER**  
**Ullanlinna Narcolepsy Scale**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Instructions – For Each Item, Circle One Answer**

1. When laughing, becoming glad or angry or in an exciting situation, have the following symptoms suddenly occurred?

	<i>Never</i>	<i>1-5 times during lifetime</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>
<i>Knees buckling</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Mouth opening</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Head nodding</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Falling down</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. How fast do you usually fall asleep in the evening?

<i>&gt;40 min</i>	<i>31-40 min</i>	<i>21-30 min</i>	<i>10-20 min</i>	<i>&lt;10 min</i>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. Do you sleep during the day (take naps)?

<i>No need</i>	<i>I wanted but cannot sleep</i>	<i>Twice weekly or less</i>	<i>On 3-5 days weekly</i>	<i>Daily or almost daily</i>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4. Do you fall asleep unintentionally during the day?

	<i>Never</i>	<i>Monthly or less</i>	<i>Weekly</i>	<i>Daily</i>	<i>Several times daily</i>
<i>Reading</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Travelling</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Standing</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Eating</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<i>Other unusual</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Source:** Hublin C, Kaprio J, Partinen M, Koskenvuo M, Heikkilä K. The Ullanlinna Narcolepsy Scale: validation of a measure of symptoms in the narcoleptic syndrome. *J Sleep Res* 1994; 3:52–59. Used with permission.