



MY WEEKLY DIARY

For tracking my progress in treating the following symptoms of narcolepsy: Excessive daytime sleepiness (EDS) | Cataplexy

Follow these simple steps to record how you are doing.

- 1 Print this PDF, then fill out the form on the next page. Or, save and fill out the form electronically, then print it when complete.
- 2 Use the weekly diary to track the results of your treatment for up to 8 weeks.
- 3 Share the results with your healthcare provider.

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For tracking my progress in treating the following symptoms of narcolepsy: Excessive daytime sleepiness (EDS) | Cataplexy

Dates: _____ to: _____

What medicines are you taking for your symptoms? (Please list.)

MY SLEEPINESS SCORES (based on the Epworth Sleepiness Scale [ESS])*

Rate your daytime sleepiness in the situations below based on the following scale:

0=never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

ACTIVITY	Example	MY SCORES							
		Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
Sitting and reading	2								
Watching television	1								
Sitting inactive in a public place (eg, a theater or a meeting)	2								
As a passenger in a car for an hour without a break	3								
Lying down to rest in the afternoon when circumstances permit	2								
Sitting and talking to someone	1								
Sitting quietly after lunch without alcohol	2								
In a car while stopped for a few minutes in traffic	3								
Total ESS score	16								

*Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. *Sleep*. 1991;14(6):540-545. This copyrighted material is reproduced with permission of the authors. Unauthorized copying, printing, or distribution is strictly prohibited.

Higher scores are associated with more daytime sleepiness.
You should discuss your responses and your total score with your healthcare provider.

MY CATAPLEXY COUNTER

CATAPLEXY ATTACKS	Example	MY SCORES							
		Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
About how many cataplexy attacks did you experience each day?	2								
Total Cataplexy Counter score	2								

My Achievements

List any personal achievements you have made during treatment:

My Setbacks

List any personal setbacks you have experienced during treatment:

My Questions

List any questions on topics such as dosing, the use of medicines you may be taking for other conditions, etc., that you would like to discuss with your healthcare provider on your next office visit:
