

# Narcolepsy Symptom Severity Range Tool (NSSRT)

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**Created by: Solomon Briggs (Narcoplexic)**

*This is for educational purposes only. I am not a medical professional.*

# Narcolepsy - Core 'Dysfunctional REM' Symptoms

[NSSRT – Visuals]

Narcolepsy Symptom Severity Range Tool

Sleep /  
Wake Fragmentation

1 Excessive Daytime Sleep

2 Disrupted Nighttime Sleep

Dream /  
Consciousness Boundary

3 Hypnagogic Hallucinations

Muscle Atonia

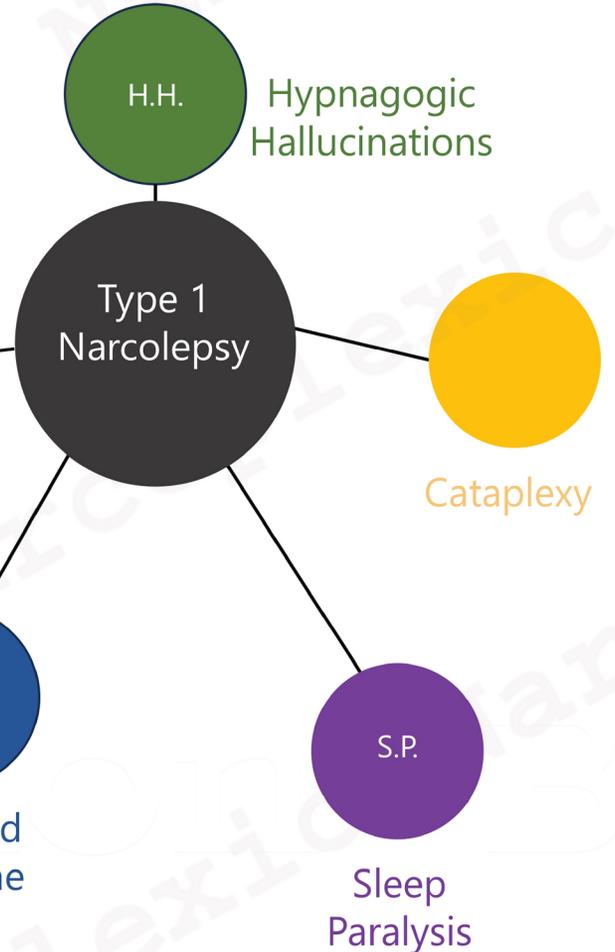
4 Sleep Paralysis

5 Cataplexy

*A variable experience is had by every person with each symptom, the symptoms within, & those beyond too.*

*This is really meant to shed light towards what does not get recognized near enough:*

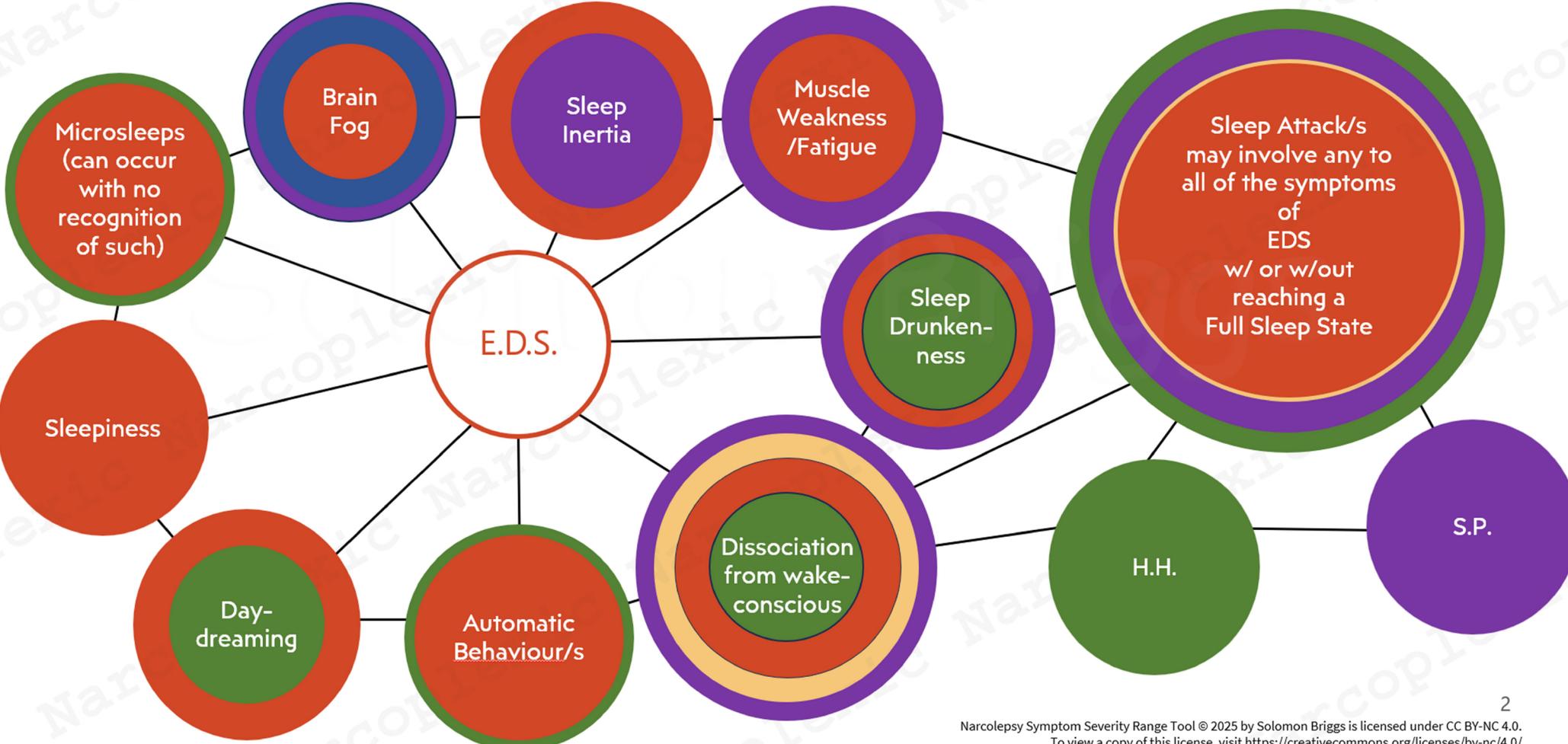
*Profound Overlapping of Symptoms, often Occurring in Unison*



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# 1 Excessive Daytime Sleepiness (E.D.S.)

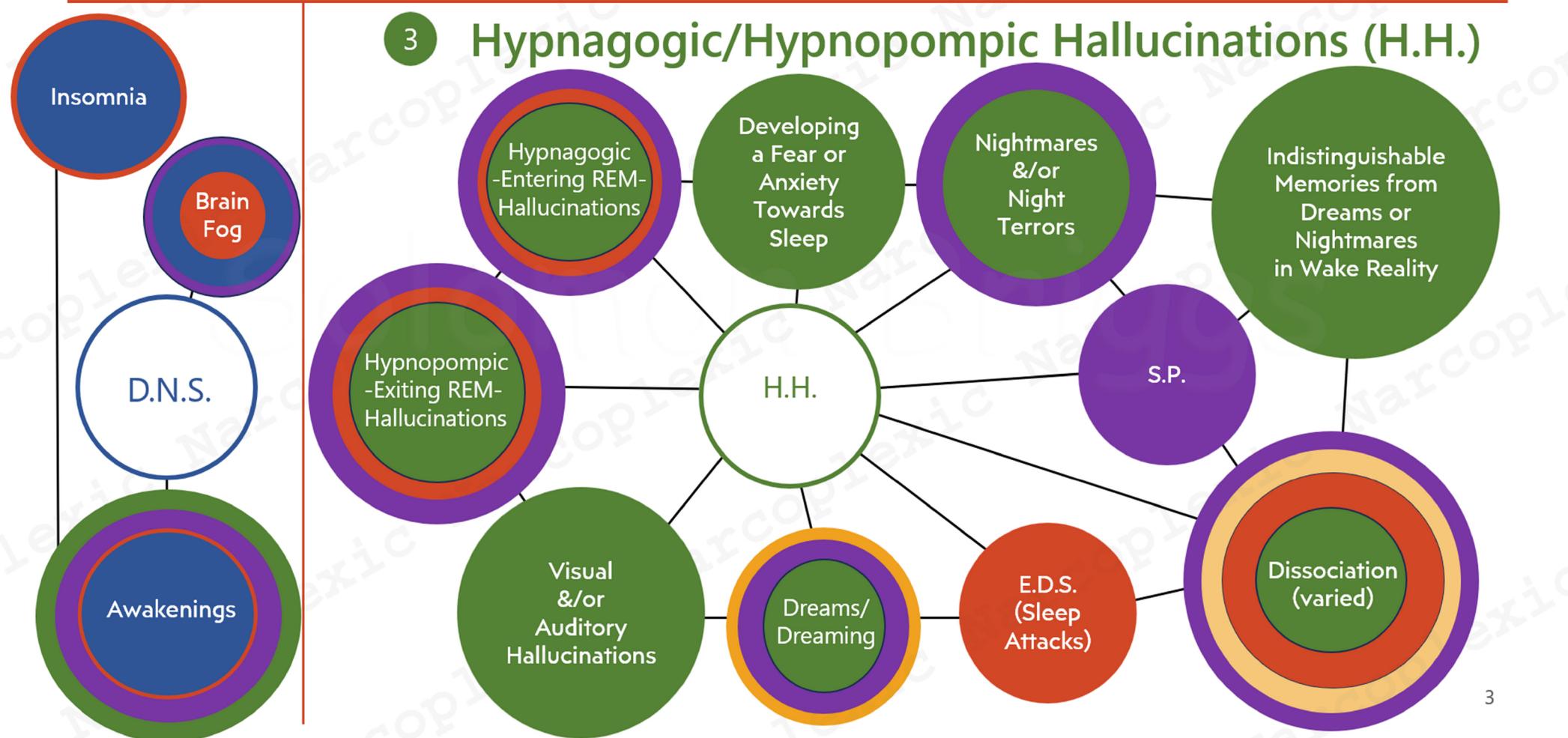
[NSSRT – Visuals]  
Narcolepsy Symptom Severity Range Tool



## 2 Disrupted Nighttime Sleep (D.N.S.)

[NSSRT – Visuals]  
Narcolepsy Symptom Severity Range Tool

### 3 Hypnagogic/Hypnopompic Hallucinations (H.H.)

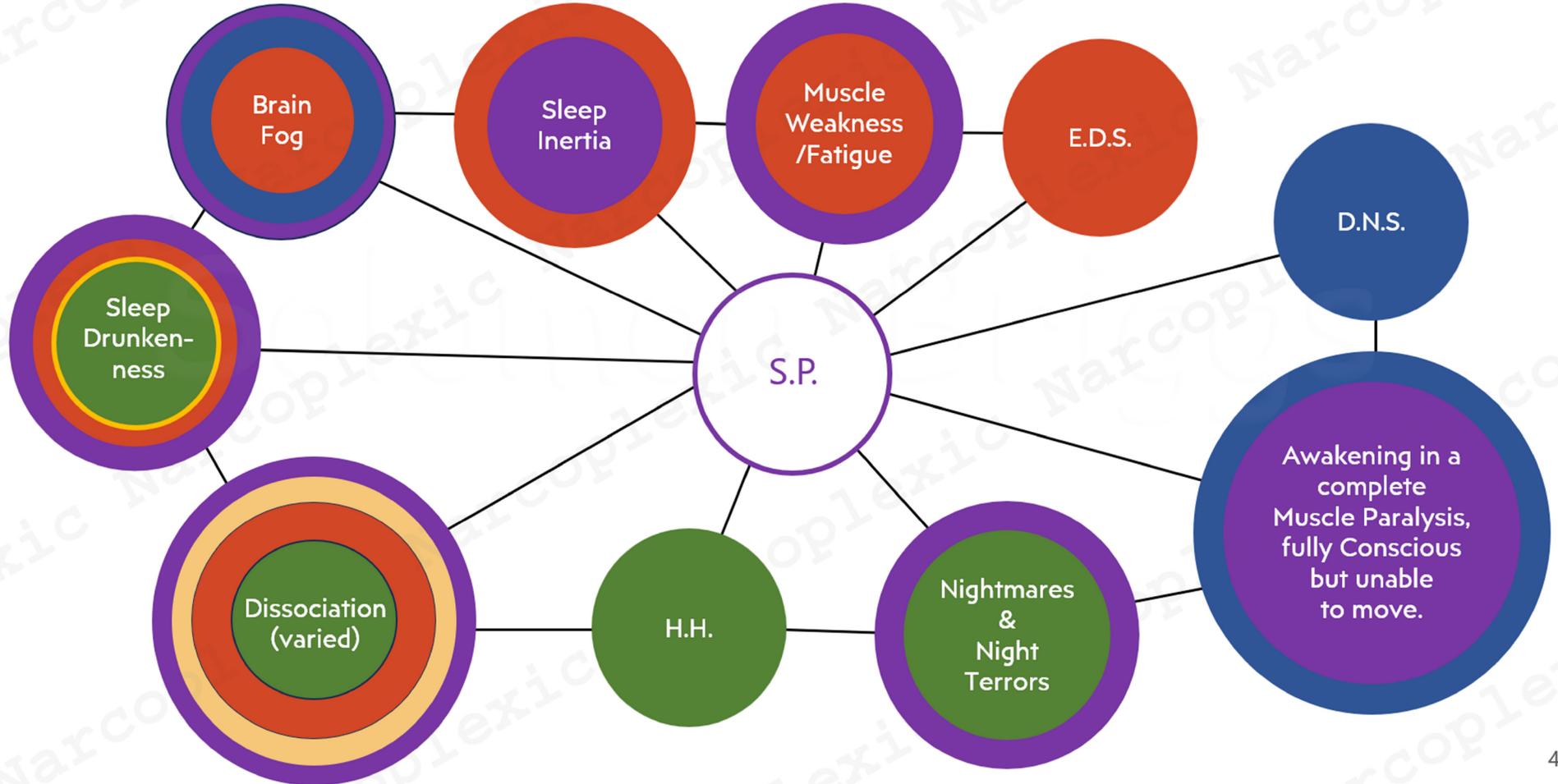


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# Sleep Paralysis (S.P.)

[NSSRT – Visuals]

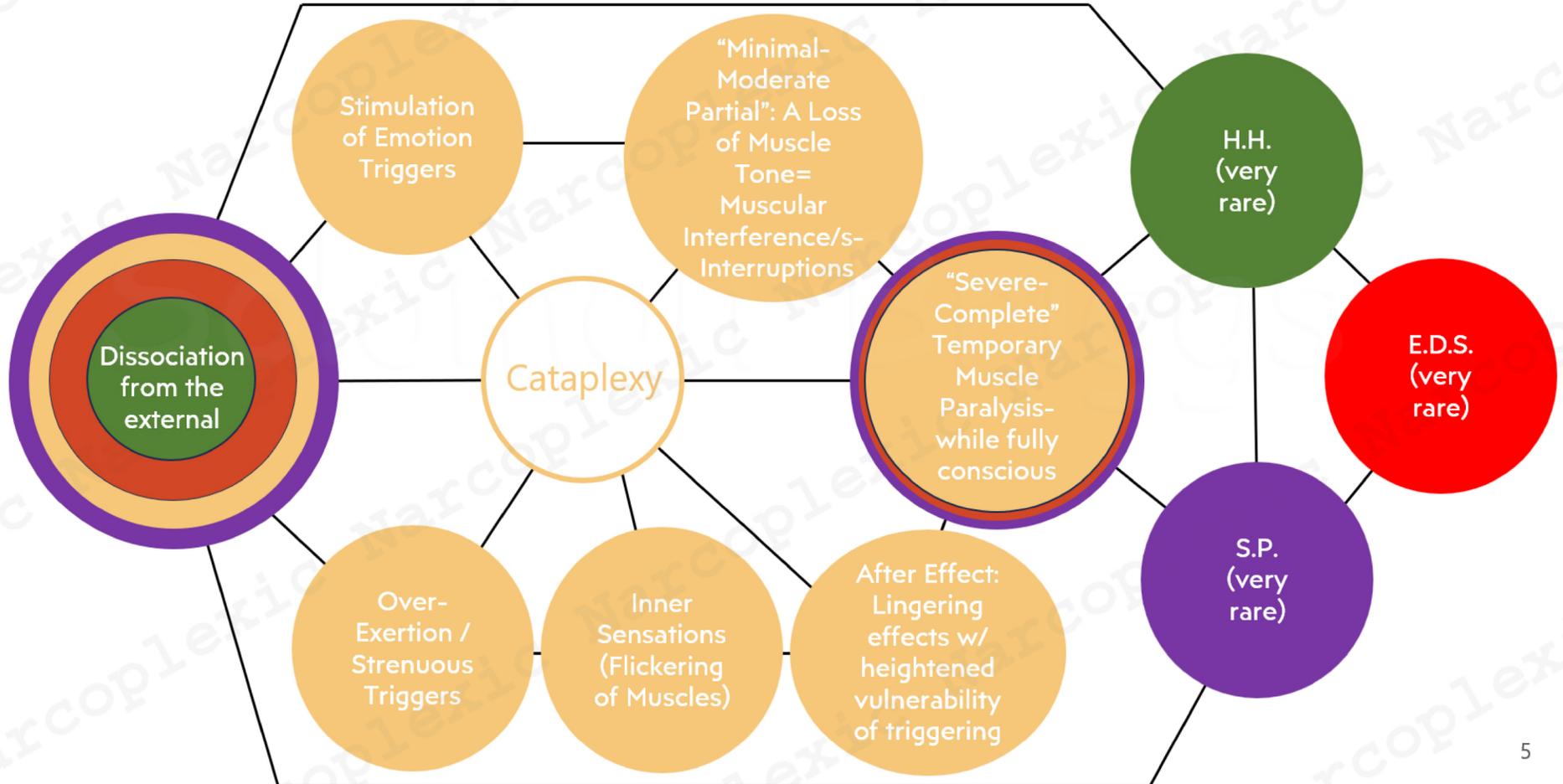
Narcolepsy Symptom Severity Range Tool



# Cataplexy

## [NSSRT – Visuals]

Narcolepsy Symptom Severity Range Tool



# How to use the NSSRT:

Version 1

- Meant to help one living with the disease (and doctors as well) to better recognize and comprehend the symptoms of the disease, better and more deeply.
- It tells into each symptom while shedding light towards the vast expansive amount of overlap that goes on between many, to all, of the symptoms.
- You will see how each core 'dysfunctional REM' symptom of Narcolepsy, in fact consists of many different occurrences which are often in other disorders or disease, termed as symptoms themselves.
- None of this in any way is intended to downplay or diminish what are any symptoms, but to attempt at bridging some of the gap, and disconnect, that exists out there (more commonly than not).
- A person (patient) can use this to piece together better, what is an invisible puzzle of difficulties that often times may be considered "normal" to themselves, as well as for others; contributing to the delays in diagnosis, as well as difficulties in communications (which doctors also could improve on).
- This is not to go against the common grain of medical opinions, it is incorporating the science towards the lived human experience which needs re-focused upon and evolved on; it is only connecting dots.
- There are 3 versions, written slightly different from one another, which combining should help offer better clarity.

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# How to use the NSSRT:

Re-worded

- This is designed to help people with narcolepsy—and doctors—better understand the symptoms in more depth. It highlights how symptoms often overlap and connect, showing that narcolepsy's core "dysfunctional REM" symptoms are actually made up of multiple elements, many of which are recognized as symptoms in other conditions.
- The goal is not to minimize any symptoms but to bridge the gap in understanding, especially because many difficulties can seem "normal" to the person experiencing them. This contributes to delays in diagnosis and challenges in communication—areas where doctors could also improve.
- Rather than opposing standard medical views, this approach integrates science with real-life experiences, helping connect the dots in a way that needs more attention and growth.
- There are three versions, each written slightly differently, and together, they aim to bring more clarity.

# Excessive Daytime Sleepiness (EDS)

Version 1

- **Absent**, no real impact nor effects.
- **Minimal**, involving some extent of sleepiness, feeling tired (not exhausted in a physical sense). This may involve some extent of Brain Fog (difficulties with focus, thinking, clarity, attention, feeling as though you're in a fog mentally).
- **Moderate**, involving any of the following:  
A sleep attack (which does not have to equate to reaching a full sleep state) during which there may be a combination of, or singularly with an extra strong extent of one, Brain Fog and/or Sleep Inertia (being a heaviness throughout the body, being weighted down like), a Fatigue (strong body weakness, pain like), potentially involving Automatic Behavior (continuing the physical task one was doing while not being focused upon it), Daydreaming (Hypnagogic/Hypnopomic Hallucinations basically, though without recognition of which wake/sleep state one is within).  
The above may be described seemingly, in different instances, as a Dissociation of sort (this again is losing focus both internally and externally, briefly) with heavy sleepiness either before and/or after.
- **Severe**, all of what is involved in Moderate, but in a potentially more directly impacting manner, reaching a full sleep state, potentially without the ability to resist or avoid it.

# Disrupted Nighttime Sleep (DNS) / Sleep Fragmentation

Version 1

- **Absent**, no issues with continuously sleeping through the nights.
- **Minimal**, having a few instances of awakenings through the night, say recognizing 2 or 3 (not involving urinating as one example). Generally without having much, or any issue of getting back to sleep (insomnia). Recognition of awakening, for most people takes around 5 minutes of being awake, generally people don't recognize the awakenings/arousals they experience through the nights.
- **Moderate**, having many instances of awakenings through the night, say recognizing 4 to 10. There may be some bits of insomnia during these awakenings but such not being an every night ordeal in regards to usually getting back to sleep quickly.
- **Severe**, having frequent ongoing instances of awakenings through the nights, 10+. Being very impactful on one's comfort in bed, their ability to remain calm without frustration towards it, causing an insomnia on some regular basis potentially, being hard to get back to sleep after some of the awakenings. Feeling also as though the mind is just not reaching sleep, it is working in overdrive and not necessarily reaching a full sleep state. This can result in nights feeling very long, like days and upon getting out of bed, feeling like you've perhaps taken a decent nap, feeling extra unrefreshed, not restored, day to day.

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# Hypnagogic / Hypnopompic Hallucinations (HH)

Version 1

- **Absent**, no issue with it. **Note:** Hypnagogic means entering REM sleep, Hypnopompic mean exiting REM sleep.
- **Minimal**, having what may be more like daydreaming episodes, often as part of or combined into, Sleep Attacks (not involving reaching a full sleep state) potentially experiencing some extent of Dissociation. One may snap out of it, more so than realizing it is on coming. It also may be a part of dreaming lucid and vividly during the night, but not causing any real lasting or difficult impacts.
- **Moderate**, having what are nightmares or night terrors, involving more potentially lasting and difficult impacts. While entering REM, falling asleep there may be very euphoric instances, that are combined with knowing that you're still awake but occurring as you're laying down to fall asleep, these can be visual and auditory hallucination, for instance even somewhat physical like feeling that you're 'falling into sleep,' perhaps spiraling downwards as though on you back falling. Awakening within, or with, fear having a hard time moving as even minimal/moderate/partial Sleep Paralysis can combine with and occur in unison with the HH.
- **Severe**, the textbook awakening from a nightmare into a lingering temporary complete muscle paralysis, being fully conscious while not being able to move more than the eyes and respiratory muscles. There also can develop what are matters of 'indistinguishable memories' from dreams, mixing into wake reality. Or matter of developing fear of sleeping due to the experiences within dreams being overly frightening and impacting.

# Sleep Paralysis (going beyond the common consensus)

Version 1

- **Absent**, not experienced.
- **Minimal / Partial**, involves awakening with a lingering combination of what is: Brain Fog and Sleep Inertia. Either may be subtle, but potentially persistent over the first hour or two of the day, post awakening.
- **Moderate / Partial**, involves awakening with a more fierce and long lasting Brain Fog and Sleep Inertia, potentially hours or even half, to most of the entire day. There also can be what is described/termed as Sleep Drunkenness (a staggering/wobbling while walking and/or speaking, balance being somewhat off). In addition, there may even be some degree at times of Dissociation that occurs, but being less like that involved in Sleep Attacks where both the internal and external thought becomes distant, but more like that involved in Cataplexy where the external becomes more distant as one is internally having to focus more on just getting through.
- **Severe / Complete**, involves awakening within a temporary complete muscle paralysis, consciously while physically stuck in paralysis, unable to move. This is currently what the common consensus take, of the symptom is. When you think of the brain as being a muscle, which it really is or seems to be, the different symptoms mentioned within, above, as well as Dissociation, all can fit within this bracket of a symptom. Also, thinking of the brain as being a muscle, implicates 'muscle atonia' as breaching into consciousness and/or mental capacity, the 'gears of the mind' being effected by it.

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# Cataplexy

Version 1

- **Absent**, not present, or unrecognized. **Note:** Laughter is the most common emotional trigger for Cataplexy, but any emotion—whether deeply internal or influenced by external factors—can set off an episode. These triggers exist within layers upon layers, of emotional processing, making responses highly individual and complex. Additionally, physical exertion beyond a point of exhaustion can contribute to triggering episodes as well.
- **Minimal / Partial**, involving what may be subtle, to strong, very distinct 'inner sensations' (inner waves rushing through the body and especially the head, an inner flickering of muscles). The 'inner sensations' may be hard to recognize initially as they occur 'in the moment' or can be 'ongoing over some moments' while emotion is stimulated, becoming how one experiences and 'feels' their emotion; being deeply engraved within the persona, traits, mannerism, characteristics, behaviors, and mindset. In addition, being more noticeable are what can be described as 'physical muscular interference/s' such as: Drooping of the jaw, the neck and/or head, Slouching of the upper torso, Loss of facial muscle expression/control (during laughter most commonly) which can also feel like the ability to laugh is lost as it melts away sporadically while internal laughing continues, Loss of maintaining eye contact, Loss of grip upon something (dropping or grasp slipping away), Difficulties with speech like a stutter, slurring, mumble, having to speak extra slowly, having to pause or being incapable of completing the sentence, etc. It can be any of these singularly, or combination of occurring in unison. There also can be a Dissociation which occurs, though as mentioned (in Sleep Paralysis) being a bit different than the sort more experienced during Sleep Attacks, rather in Cataplexy the external becomes distant while internally one becomes overwhelmed attempting to not lose their muscle tone, and ability to maintain.
- **Moderate / Partial**, involving what are more fierce 'inner sensations.' Along with a more fierce physical impact, such as: Having to lean against a wall, having to sit promptly, feeling a sudden physical freeze being awkwardly stuck there briefly, time potentially slows and seems to stand still, being unsure of if in the next moment the muscles will promptly return or dissipate further. The Dissociation can be fierce, though the person internally is quite conscious, though is incapable of remaining fully engaged in whatever they were doing, perhaps being confused (especially early on, in their experiences with and comprehension of Cataplexy). There is a long learning curve and the symptom/condition fluctuates, both in the moments and over time as it can both regress and/or progress.
- **Severe / Complete**, involving overwhelming internal 'inner sensations.' Experiencing a complete loss of muscle tone (full muscle paralysis), being fully conscious while paralyzed, this can be very brief (less than a couple of minutes), though for some few it can be for minutes.

# Excessive Daytime Sleepiness (EDS)

Version 2: Re-worded

- **Absent**, no real impact nor effects.
- **Minimal** = A mild sense of fatigue, characterized by some degree of sleepiness or mental tiredness—not to the extent of physical exhaustion. This may also involve occasional cognitive difficulties, such as trouble focusing, thinking clearly, or maintaining attention, resembling a mental fog (Brain Fog).
- **Moderate** = A moderate episode that may involve a sleep attack—though not necessarily leading to full sleep—accompanied by one or more of the following: intense Brain Fog, Sleep Inertia (a heavy, weighted-down sensation throughout the body), or Fatigue (marked by strong bodily weakness or pain-like discomfort). This may also include Automatic Behavior (continuing a physical task without conscious focus), Daydreaming (experiences akin to Hypnagogic or Hypnopompic Hallucinations, without clear awareness of wake/sleep state), and occasional dissociative moments—brief lapses in both internal and external focus—often coupled with pronounced sleepiness before or after the episode.
- **Severe** = A severe episode encompassing all aspects of a moderate one, but in a more intense and directly disruptive manner. This may lead to full sleep, potentially occurring involuntarily—without the ability to resist or prevent it.

# Disrupted Nighttime Sleep (DNS) / Sleep Fragmentation

Version 2: Re-worded

- **Absent**, no issues with continuously sleeping through the nights.
- **Minimal** = Characterized by brief awakenings throughout the night—typically recognizing around 2 or 3 instances (excluding causes like urination). Despite these interruptions, there is little to no difficulty falling back asleep, making insomnia unlikely. Most individuals do not consciously register their nighttime awakenings, as recognition generally requires around 5 minutes of sustained wakefulness
- **Moderate** = Experiencing numerous awakenings throughout the night, typically recognizing between 4 to 10 instances. Some of these awakenings may involve brief episodes of insomnia, but overall, falling back asleep remains relatively quick and is not a consistent nightly struggle—though it can definitely be troublesome at times.
- **Severe** = Experiencing frequent, ongoing awakenings throughout the night—typically 10 or more. This significantly impacts comfort in bed and can make it difficult to remain calm without frustration. Insomnia may occur regularly, and falling back asleep after some awakenings can be challenging. It may feel as though the mind is working in overdrive, unable to fully transition into a restful sleep state.  
As a result, nights can feel prolonged, almost stretching into daytime, and upon waking, there may be a sense of having only taken a short nap—leaving one feeling particularly unrefreshed and unrestored on a day-to-day basis.

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# Hypnagogic / Hypnopompic Hallucinations (HH)

Version 2: Re-worded

- **Absent**, no issue with it. **Note:** *Hypnagogic* means *entering REM* sleep, *Hypnopompic* mean *exiting REM* sleep.
- **Minimal** = Involving episodes that resemble daydreaming, often occurring as part of or alongside Sleep Attacks—though without reaching a full sleep state. Some degree of Dissociation may be present, where one snaps out of the episode rather than recognizing its onset. These experiences may also manifest as lucid and vivid dreaming during the night, but they typically do not result in any lasting or significant difficulties.
- **Moderate** = Experiencing nightmares or night terrors that may have more lasting and difficult effects. While entering REM sleep, falling asleep may bring euphoric sensations, accompanied by an awareness of still being awake. These episodes can include visual, auditory, and even physical hallucinations—such as the feeling of ‘falling into sleep’ or spiraling downward while lying on one’s back. Upon awakening, fear may be present, along with difficulty moving. Minimal to moderate sleep paralysis can sometimes occur in tandem with these hallucinations, further intensifying the experience.
- **Severe** = A textbook case of awakening from a nightmare into lingering, temporary complete muscle paralysis—remaining fully conscious but unable to move beyond the eyes and respiratory muscles. In some cases, indistinguishable memories from dreams may mix into waking reality, creating a blurred boundary between the two. Additionally, persistent frightening dream experiences can lead to a fear of sleep, as these episodes become deeply impactful and unsettling.

# Sleep Paralysis (going beyond the common consensus)

Version 2: Re-worded

- **Absent**, not experienced.
- **Minimal / Partial** = Upon awakening, a lingering combination of Brain Fog and Sleep Inertia may be present. While either can be subtle, they have the potential to persist for the first hour or two of the day, affecting mental clarity and physical alertness.
- **Moderate / Partial** = Upon awakening, Brain Fog and Sleep Inertia may be intense and long-lasting—potentially persisting for hours, or even for most of the day. In some cases, Sleep Drunkenness can occur, marked by a staggering or wobbling sensation while walking or speaking, along with slight balance disruptions. Additionally, episodes of Dissociation may arise, though distinct from those experienced during Sleep Attacks. Instead of both internal and external awareness fading, this form of Dissociation more closely resembles that seen in Cataplexy—where external surroundings feel distant while the individual focuses inwardly on simply getting through the experience.
- **Severe / Complete** = An episode involving awakening into temporary complete muscle paralysis—remaining fully conscious yet physically unable to move. This aligns with the widely accepted understanding of the symptom. Considering the brain as a type of muscle, various symptoms—including those previously mentioned, as well as Dissociation—can be seen as fitting within this broader category. This perspective also suggests that 'muscle atonia' extends beyond physical paralysis, potentially influencing consciousness and mental function, affecting the 'gears of the mind' as it breaches into wakefulness.  
'Could muscle atonia actually go beyond just the physical—playing a much larger role across all dysfunctional REM symptoms of Narcolepsy than currently recognized?'

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# Cataplexy

Version 2: Re-worded

- **Absent**, not present, or unrecognized. **Note:** Laughter is the most common emotional trigger for Cataplexy, but any emotion—whether deeply internal or influenced by external factors—can set off an episode. These triggers exist within layers upon layers, of emotional processing, making responses highly individual and complex. Additionally, physical exertion beyond a point of exhaustion can contribute to triggering episodes as well.
- **Minimal / Partial** = This involves sensations ranging from subtle to strong, distinctly felt within—such as waves rushing through the body and head, or an inner flickering of muscles. These 'inner sensations' can be difficult to recognize in the moment but may persist over time, shaping how emotion is experienced and felt. They become deeply intertwined with one's persona, traits, mannerisms, behaviors, and overall mindset. Additionally, more noticeable muscular interferences may occur, including drooping of the jaw, neck, or head; slouching of the upper torso; and loss of facial muscle control—most commonly during laughter, sometimes feeling as though the ability to laugh itself sporadically fades while internal laughter continues. Other effects may include difficulty maintaining eye contact, loss of grip on objects, and speech challenges such as stuttering, slurring, mumbling, speaking extra slowly, pausing frequently, or being unable to complete sentences. These symptoms can occur individually or in combination. Dissociation may also be present, though distinct from what occurs during Sleep Attacks. In Cataplexy, external awareness may feel distant while internally, one struggles to maintain muscle tone and physical control, focusing more on simply getting through the episode.
- **Moderate / Partial** = This involves more intense 'inner sensations,' accompanied by a stronger physical impact. Episodes may require leaning against a wall or sitting down immediately, with moments of sudden physical freezing—briefly stuck in place, feeling awkwardly suspended. Time may appear to slow or stand still, creating uncertainty about whether muscle control will return in the next moment or further dissipate. Dissociation can be severe, yet the person remains internally conscious. However, they may struggle to stay fully engaged in their activity, sometimes experiencing confusion—especially in earlier experiences with Cataplexy before gaining a deeper understanding of the condition. There is a long learning curve, as Cataplexy fluctuates both within individual episodes and over time, with the potential to progress or regress unpredictably.
- **Severe / Complete** = An episode marked by overwhelming internal 'inner sensations' and a complete loss of muscle tone, resulting in full-body paralysis while remaining fully conscious. These episodes are typically brief, lasting less than a couple of minutes, though in rarer cases, they may persist for several minutes.

# Excessive Daytime Sleepiness (EDS)

Version 3: Extra Simplified

- **Absent**, no real impact nor effects.
- **Minimal**: Feeling sleepy, tired (but not totally drained), and having some trouble thinking clearly—like your brain is in a fog.
- **Moderate**: Could include sudden sleepiness or even a brief “sleep attack” (not necessarily full sleep), along with mental fog, heavy body fatigue, and automatic actions (doing things without consciously realizing it). May also involve vivid daydreaming or hallucinations without recognizing if you’re awake or asleep. Sometimes, it feels like zoning out briefly.
- **Severe**: All of the above, but more intense—where sleep happens fully and uncontrollably, without being able to resist it.

# Disrupted Nighttime Sleep (DNS) / Sleep Fragmentation

Version 3: Extra Simplified

- **Absent**, no issues with continuously sleeping through the nights.
- **Minimal**: Waking up a couple of times (2–3), but falling back asleep easily. Most awakenings last about five minutes and go unnoticed.
- **Moderate**: Waking up more often (4–10 times). Sometimes struggling with brief insomnia, but usually able to fall back asleep quickly.
- **Severe**: Waking up 10+ times per night, making it hard to stay comfortable and calm. Insomnia becomes more frequent, and falling back asleep is difficult. The mind feels overactive, like it can't fully reach sleep. Nights feel extra long, and waking up feels like taking a nap rather than real rest—leaving you unrefreshed day after day.

# Hypnagogic / Hypnopompic Hallucinations (HH)

Version 3: Extra Simplified

- **Absent**, no issue with it. **Note:** Hypnagogic means entering REM sleep, Hypnopompic mean exiting REM sleep.
- **Minimal:** Occasional vivid daydream-like episodes, often part of sleep attacks (but not full sleep). Might involve brief dissociation. Can also include lucid and intense dreams at night, but nothing too disruptive.
- **Moderate:** Nightmares or night terrors that have a stronger impact. Falling asleep may feel euphoric but also strange, with visual, auditory, or physical sensations—like feeling yourself “fall into sleep.” Fear upon waking, sometimes with partial sleep paralysis.
- **Severe:** Waking from nightmares into full-body temporary paralysis, unable to move anything except your eyes and breathing muscles. Dreams may mix into real memories, making them hard to distinguish. Over time, fear of sleeping can develop due to intensely disturbing dreams.

# Sleep Paralysis (going beyond the common consensus)

Version 3: Extra Simplified

- **Absent**, not experienced.
- **Minimal / Partial**: Waking up with lingering brain fog or heaviness (sleep inertia). It might be mild but stick around for an hour or two after waking.
- **Moderate / Partial**: Stronger, longer-lasting brain fog and sleep inertia—potentially for hours or most of the day. May also include sleep drunkenness (feeling unsteady while walking or speaking) and some dissociation, though more focused on struggling to stay grounded rather than fully zoning out.
- **Severe / Complete**: Waking up in temporary full-body paralysis, unable to move at all except for breathing. This is often seen as the textbook definition of sleep paralysis. Since the brain communicates using electrical and chemical signals, this could also involve mental fog, dissociation, and difficulties with consciousness—almost like the brain's "gears" getting stuck.

# Cataplexy

## Version 3: Extra Simplified

- **Absent**, not present, or unrecognized.
- **Minimal / Partial**: Subtle to strong inner sensations, like waves rushing through the body or flickering muscles—often linked to emotion. Muscle control may briefly experience interference, causing jaw drooping, slouching, loss of facial expression (especially during laughter), grip slipping, trouble with speech (stuttering, slurring, mumbling, speaking slowly), or briefly losing eye contact. There may also be a type of dissociation where the external world feels distant while internally, the person fights to maintain muscle tone.
- **Moderate / Partial**: Stronger inner sensations and noticeable muscular interference, including instability standing—needing to lean against a wall, sit down, or freezing briefly in place. Time may seem to slow, making it unclear whether muscles will promptly recover or experience further interference. Dissociation can be intense, leaving a person conscious but unable to fully engage, sometimes causing confusion (especially early in their experiences with cataplexy). Symptoms can fluctuate, improving or worsening over time.
- **Severe / Complete**: Overwhelming inner sensations and a complete loss of muscle control, leading to full-body paralysis while remaining fully conscious. Episodes are usually brief (under a few minutes), though for some, they can last longer.

# Terms List

Version 1

**Clinical:** Related to doctors or hospitals—like what happens when you're being treated or checked out by a doctor.

**Diagnostic:** Figuring out what's wrong, like solving a mystery about why someone isn't feeling well.

**Primary:** The most important or first thing, like the star player on a team or the main idea of a story.

**Secondary:** Something less important or that comes after, like a backup plan or the second choice.

**Physiologic:** About how the body works on the inside, like how your heart beats or your lungs breathe.

**Pathophysiology:** The study of how a disease affects how the body works, like figuring out what's broken in a machine.

**Central Nervous System:** The control center of your body, made up of your brain and spinal cord—it helps send messages to the rest of your body.

**Sympathetic Nervous System:** The part of your body that helps you handle stress or danger, like when your heart beats fast if you're scared.

**Body Systems:** The different parts of your body that work together to keep you healthy, like your muscles, heart, or lungs.

**Semi-Autonomous:** Semi-autonomous means partly automatic, like how certain body functions (like breathing) happen on their own but can still be controlled when needed—like holding your breath."

**Body Functions:** Body functions are the vital activities your body performs to stay alive and healthy, like breathing, digesting, and circulating blood.

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# Terms List

Version 1

**Science:** Learning about how things work in the world, like plants, animals, or even our bodies.

**Sleep:** Resting your body and mind to get energy for the next day.

**Tired:** Feeling like you need rest because you don't have much energy left.

**Exhaustion:** Feeling super tired, like you have no energy at all.

**Fatigue:** Another way to say you're very tired, like you've been working or thinking too much.

**Spectrum:** A range, like a rainbow with lots of colors—it means there can be many different levels or types of something.

**Variability:** How things can change or be different, like how the weather isn't the same every day.

**Interference:** Something that gets in the way or makes it harder to do something, like when noise stops you from sleeping.

**Overlap:** When two things share some of the same parts, like when a Venn diagram has a middle section.

**Interconnected:** How things are linked together, like a spider web where everything is connected.

**Symptom:** A sign that something might be wrong, like a cough when you're sick.

**Fragmentation:** Breaking into small pieces, like when something that should be whole, like sleep, keeps getting interrupted.

**Regulating:** Keeping things balanced or in order, like turning the volume up or down so it's just right.

# Terms List

Version 1

**Core:** The center or most important part of something, like the core of an apple.

**Abstract:** An idea that you can think about but can't touch, like thoughts or feelings.

**Dissociation:** Dissociation is when someone feels disconnected from their thoughts, feelings, or surroundings—like being on 'autopilot' or feeling as though the world isn't quite real.

**Weakness:** When something isn't strong, like a tired muscle or a plant that needs water.

**Paralysis:** When part of the body can't move, like when your leg is asleep and doesn't work right.

**Atonia:** When your muscles are very relaxed and don't move, like when you're in deep sleep.

**Dysfunctional:** When something isn't working the way it's supposed to, like a broken remote control.

**REM:** A part of sleep when your brain is really active, and your eyes move quickly under your eyelids—it's when you dream the most.

**Awakening:** Awakening is the moment when sleep ends, either to start your day or briefly during the night before going back to sleep.

**Awakenings:** Awakenings are moments when you briefly wake up during sleep, sometimes without even realizing it.

**States:** Different conditions or ways something can be, like being awake, asleep, or in-between.

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# Terms List

Version 1

**Imbalance:** When things aren't even or equal, like trying to stand on one leg.

**Disorders:** Problems that make it harder for the body or mind to work right, like trouble sleeping.

**Condition:** A health situation someone has, like asthma or allergies.

**Syndrome:** A group of symptoms that happen together, like puzzle pieces that show the same problem.

**Disease:** An illness that affects how your body or mind works, like the flu.

**Distinct:** Clearly different or special, like how an elephant doesn't look like any other animal.

**Distinguishing:** Telling how things are different from each other, like knowing which twin is which.

**Indistinguishable:** When you can't tell things apart, like when two people look exactly the same.

**Unremarkable:** Not special or unusual—just plain or normal.

**Remarkable:** Something amazing or special that stands out.

**Isolated:** All alone, like being the only tree in a field.

**Fathom:** To understand something, like figuring out how a tricky puzzle works.

**Complexity:** How something is made of many connected parts, like a big Lego set.

**Intrinsic:** Something that's part of something else, like sweetness being part of sugar.

**Cumulative:** Adding up over time, like saving pennies in a jar until you have a lot.

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# Terms List

Version 1

**Apnea:** When breathing briefly stops during sleep, often without you realizing it.

**Hypersomnia:** Sleeping too much or feeling very sleepy all the time, even after getting enough rest.

**Insomnia:** Trouble falling asleep or staying asleep, even when you're really tired.

**Circadian:** Related to the body's natural clock that tells you when to sleep and wake up.

**Deprivation:** When you don't get enough sleep, leaving you tired and unable to focus.

**Restorative:** Sleep that helps your body and mind recover and recharge for the next day.

**Neurological:** About how the brain and nerves work, which is very important for sleep.

**Rhythm:** A regular pattern, like how your body cycles between being awake and asleep.

**Dreams:** What your mind creates while you're sleeping, like little stories or pictures.

**Stimulation:** Things that wake you up or make it harder to sleep, like bright lights or loud noises.

**Relaxation:** Helping your body and mind calm down so you can fall asleep more easily.

*This terms list is just meant to help with comprehending meanings of commonly used terms in Sleep Medicine.*

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Created by: Solomon Briggs (Narcoplexic)

# Terms List

Version 2: Re-worded

**Clinical:** Related to doctors, hospitals, or medical care—like getting a check-up or treatment.

**Diagnostic:** Figuring out what's wrong, like solving a mystery about why someone feels sick.

**Primary:** The most important or first thing, like the main idea in a story or the leader of a group.

**Secondary:** Something that comes after or is less important, like a backup plan.

**Physiologic:** How the body naturally works inside, like how your heart beats or your lungs breathe.

**Pathophysiology:** The study of how a disease changes the way the body works, like figuring out what's broken in a machine.

**Central Nervous System:** The body's main control system, made up of the brain and spinal cord—it sends messages to the rest of the body.

**Sympathetic Nervous System:** The part of the body that helps react to stress or danger, like making your heart race when you're scared.

**Body Systems:** Different parts of the body that work together to keep you healthy, like your muscles, heart, and lungs.

**Semi-Autonomous:** Partly automatic—some things, like breathing, happen on their own but can also be controlled, like holding your breath.

**Body Functions:** The important things your body does to stay alive, like breathing, digesting food, and pumping blood.

# Terms List

Version 2: Re-worded

**Science:** Understanding how things work in the world, from nature to the human body.

**Sleep:** When your body and mind rest to recharge for the next day.

**Tired:** Feeling low on energy and needing rest.

**Exhaustion:** Being extremely tired, like running out of fuel completely.

**Fatigue:** A deep, lingering tiredness, often from working too hard or thinking too much.

**Spectrum:** A range with many different levels, like how colors blend in a rainbow.

**Variability:** How something can change, like how the temperature isn't the same every day.

**Interference:** Something that disrupts or gets in the way, like loud noises making sleep harder.

**Overlap:** When two things share common parts, like how some emotions feel similar.

**Interconnected:** How things are linked together, like pieces of a puzzle fitting into place.

**Symptom:** A sign something might be wrong, like sneezing when you have allergies.

**Fragmentation:** When something breaks into smaller parts, like sleep getting interrupted.

**Regulating:** Keeping something steady and balanced, like adjusting a thermostat to stay comfortable.

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# Terms List

Version 2: Re-worded

**Core:** The most central or important part of something, like the seed inside a fruit.

**Abstract:** A thought or idea that exists in the mind but isn't something you can touch.

**Dissociation:** Feeling disconnected from yourself or your surroundings, as if things aren't quite real or you're running on autopilot.

**Weakness:** When something isn't strong, like a tired muscle or a dim flashlight.

**Paralysis:** When part of your body can't move, like when your arm "falls asleep" and won't respond.

**Atonia:** When your muscles completely relax and don't move, usually during deep sleep.

**Dysfunctional:** Something that isn't working the way it should, like a phone with a broken screen.

**REM:** A stage of sleep when your brain is highly active, your eyes move quickly, and dreams are most vivid.

**Awakening:** The moment you wake up from sleep, whether starting your day or briefly during the night.

**Awakenings:** Short moments when you wake up during sleep—sometimes without realizing it.

**States:** Different conditions or phases, like being awake, asleep, or somewhere in between.

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Created by: Solomon Briggs (Narcoplexic)

# Terms List

Version 2: Re-worded

**Imbalance:** When things aren't in harmony, like a seesaw tilting to one side.

**Disorders:** Health issues that make the body or mind work differently, like trouble sleeping or focusing.

**Condition:** A lasting health situation someone has, like asthma or allergies.

**Syndrome:** A set of symptoms that happen together, forming a recognizable pattern.

**Disease:** An illness that changes how the body or mind functions, like the flu or diabetes.

**Distinct:** Clearly unique or different, standing out from everything else.

**Distinguishing:** Finding differences between things, like recognizing someone's voice in a crowd.

**Indistinguishable:** When things look or feel so similar that you can't tell them apart.

**Unremarkable:** Ordinary or average, nothing unusual or exciting.

**Remarkable:** Something surprising, impressive, or worth noticing.

**Isolated:** Separated or alone, like a lone lighthouse on a rocky shore.

**Fathom:** To understand something deeply, like solving a mystery.

**Complexity:** How something has many connected parts, making it intricate or detailed.

**Intrinsic:** A natural part of something, like warmth being part of the sun.

**Cumulative:** Building up over time, like small efforts adding up to big results.

# Terms List

Version 2: Re-worded

**Apnea:** When breathing stops for a short time while you sleep, often without noticing.

**Hypersomnia:** Feeling extra sleepy all the time or sleeping too much, even when you've had enough rest.

**Insomnia:** Having trouble falling asleep or staying asleep, even if you're really tired.

**Circadian:** The body's built-in clock that tells you when to sleep and wake up.

**Deprivation:** Not getting enough sleep, making you tired and foggy during the day.

**Restorative:** Sleep that refreshes your body and mind so you feel recharged.

**Neurological:** Related to how the brain and nerves work, which affects sleep.

**Rhythm:** A natural cycle, like how your body moves between sleep and wakefulness.

**Dreams:** Stories, images, or experiences that your mind creates while you sleep.

**Stimulation:** Things that keep you awake or make sleeping harder, like noise or bright lights.

**Relaxation:** Ways to help your body and mind settle down so falling asleep is easier.

*This terms list is just meant to help with comprehending meanings of commonly used terms in Sleep Medicine.*

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# Closing

This resource is primarily designed for individuals living with Narcolepsy, but it also offers valuable insights for doctors and researchers. It sheds light on the interconnected and overlapping ways Narcolepsy symptoms manifest—especially Cataplexy, which profoundly re-shaped my life over 25 years ago.

For years, I lived with severe/complete (collapsing) frequent Cataplexy episodes. While I instinctively tuned into them, I struggled to put my experiences into words beyond describing them as a “dissipation of muscles during pleasant interactions.” This tool emerges from my lifelong journey with Narcolepsy, my relentless search for knowledge, and my dedication to supporting others.

Since first learning the term Cataplexy at 28, I have spent 17+ years deeply immersed in medical literature, engaging with online communities, and advocating through art and other creative methods. Narcolepsy is far more complex than a sleep disorder—it affects every aspect of life, and its core REM dysfunction extends far beyond isolated symptoms.

My goal is twofold: to help others better adapt and navigate life with Narcolepsy through deeper comprehension, and to contribute to the evolving dialogue surrounding terminology and classification within the field of Hypersomnia disorders, which currently remains broad and undefined.

I'm deeply passionate about supporting others through my work as an artist, photographer, advocate, and skateboarder. However, I've faced significant challenges—not only in maintaining financial stability through a career but also in navigating interpersonal relationships. If you find value in the resources I share, my advocacy, or my creative work, any support would mean the world to me.

Your support helps me continue helping others. Ways to do so:

[Patreon.com/Narcoplexic](https://patreon.com/Narcoplexic) (consider becoming a Patron, or scope out my shop there with art and photography)

[Youtube.com/@narcoplexic](https://youtube.com/@narcoplexic) (check out the *Talking Narcolepsy & the Symptoms of Sleep Disorders* video series I've been creating recently)

Search my name 'Solomon Briggs' on Amazon to find my different self published books.

Medical professionals/researchers, feel free to reach out directly to me, I have more to offer and am happy to interact.

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