

Name:
Tel Number:

DOB:
NHI Number:

RESTLESS LEGS SYNDROME (RLS) RATING SCALE

Date: _____

Restless Legs Syndrome (RLS) is a movement disorder. It involves an intense urge to move your legs at bedtime. Many people say their legs feel 'creepy' or 'crawly'. This is quite different from pain or muscle cramps. You can find temporary relief by stretching or moving the legs. Some people also have symptoms in the arms and other parts of the body.

Please rate your symptoms for the past week to the following ten questions.

PLEASE CIRCLE THE ANSWER THAT BEST DESCRIBES YOUR SYMPTOMS

1. Overall, how would you rate the RLS discomfort in you legs or arms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

2. Overall, how would you rate the need to move around because of your RLS symptoms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

3. Overall, how much relief of your RLS arm or leg discomfort do you get from moving around?

- (4) No relief
- (3) Slight relief
- (2) Moderate relief
- (1) Either complete or almost complete relief
- (0) No RLS symptoms

4. Overall, how severe is your sleep disturbance from your RLS symptoms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

5. How severe is your tiredness or sleepiness from your RLS symptoms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

6. Overall, how severe is your RLS as a whole?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

7. How often do you get RLS symptoms?

- (4) Very severe (This means 6 to 7 days a week.)
- (3) Severe (This means 4 to 5 days a week.)
- (2) Moderate (This means 2 to 3 days a week.)
- (1) Mild (This means 1 day a week or less.)
- (0) None

8. When you have RLS symptoms, how severe are they on an average day?

- (4) Very severe (This means 8 hours per 24 hour day or more.)
- (3) Severe (This means 3 to 8 hours per 24 hour day.)
- (2) Moderate (This means 1 to 3 hours per 24 hour day.)
- (1) Mild (This means less than 1 hour per 24 hour day.)
- (0) None

9. How severe is the impact of your RLS symptoms on your ability to carry out your daily affairs, for example carrying out a satisfactory family, home, social, school, or work life?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

10. How severe is your mood disturbance from your RLS symptoms; for example angry, depressed, sad, anxious, or irritable?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None

Total Score /40

Thank you