

Restless Legs Syndrome Rating Scale

The International Restless Legs Syndrome Study Group. Validation of the International Restless Legs Syndrome Study Group Rating Scale for restless legs syndrome. *Sleep Med* 2003;4(2):121-132.

INSTRUCTIONS FOR EXAMINER

A. Patients must meet International Restless Legs Syndrome Study Group (IRLSSG) criteria for the diagnosis of Restless Legs Syndrome (RLS) before administration of the questionnaire as follows:

International RLS Study Group criteria for the diagnosis of RLS

- a. Desire to move the extremities usually associated with discomfort or disagreeable sensations in the extremities.
- b. Motor Restlessness—patients move to relieve the discomfort, for example walking, or to provide a counter-stimulus to relieve the discomfort, for example, rubbing the legs.
- c. Symptoms are worse at rest with at least temporary relief by activity.
- d. Symptoms are worse later in the day or at night.

Exception—If the patient previously met IRLSSG criteria and has undergone a spontaneous remission or is participating in a drug study with subsequent significant alteration of symptoms.

Exception—The patient at one time got relief of symptoms by activity but is now so severe that no such relief is possible.

Exception—The patient at one time was worse later in the day or at night, but is now so severe that symptoms are equal day and night.

Exception—The questionnaire may also be administered to normal controls.

B. Please fill in the following information:

Examiner Name: _____ Patient Name: _____
Today's Date: _____ Sex: _____ Date of Birth: _____
Year Symptoms Began: _____
Medications: _____ Dosage: _____

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C. Have the patient rate his/her symptoms for the following ten questions. The patient and not the examiner should make the ratings, but the examiner should be available to clarify any misunderstandings the patient may have about the questions. Either the examiner or the patient may mark the answers on the form.

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 and therefore question does not apply

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

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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. Overall, 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

Very severe=31-40 points

Severe=21-30 points

Moderate=11-20 points

Mild=1-10 points

None=0 points

RLS Ordinal Scale for Patients

INSTRUCTIONS FOR EXAMINER: Give the patient this piece of paper and have him or her rate their symptom severity for the preceding week overall.

1

MILD

2

3

MODERATE

4

5

SEVERE

6

7

VERY SEVERE

8