

Restless Legs Syndrome Rating Scale

<p>Have the patient rate his/her symptoms for the following ten questions.</p> <p>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.</p> <p>The examiner should mark the patient's answers on the form.</p>	
<p>In the past week...</p> <p>(1) <u>Overall</u>, how would you rate the <u>RLS discomfort in your legs or arms</u>?</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None 	<p>In the past week...</p> <p>(6) How severe was <u>your RLS as a whole</u>?</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None
<p>In the past week...</p> <p>(2) <u>Overall</u>, how would you rate the <u>need to move</u> around because of your RLS symptoms?</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None 	<p>In the past week...</p> <p>(7) How <u>often</u> did you get RLS symptoms?</p> <ul style="list-style-type: none"> _ (4) Very often (6 to 7 days in 1 week) _ (3) Often (4 to 5 days in 1 week) _ (2) Sometimes (2 to 3 days in 1 week) _ (1) Occasionally (1 day in 1 week) _ (0) Never
<p>In the past week...</p> <p>(3) <u>Overall</u>, how much <u>relief</u> of your RLS arm or leg discomfort did you get from moving around?</p> <ul style="list-style-type: none"> _ (4) No relief _ (3) Mild relief _ (2) Moderate relief _ (1) Either complete or almost complete relief _ (0) No RLS symptoms to be relieved 	<p>In the past week...</p> <p>(8) When you had RLS symptoms, how severe were they on average?</p> <ul style="list-style-type: none"> _ (4) Very severe (8 hours or more per 24 hour) _ (3) Severe (3 to 8 hours per 24 hour) _ (2) Moderate (1 to 3 hours per 24 hour) _ (1) Mild (less than 1 hour per 24 hour) _ (0) None
<p>In the past week...</p> <p>(4) How severe was your <u>sleep disturbance</u> due to your RLS symptoms?</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None 	<p>In the past week...</p> <p>(9) <u>Overall</u>, how severe was the impact of your RLS symptoms on your ability to carry out your <u>daily affairs</u>, for example carrying out a satisfactory family, home, social, school or work</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None
<p>In the past week...</p> <p>(5) How severe was your <u>tiredness</u> or <u>sleepiness during the day</u> due to your RLS symptoms?</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None 	<p>In the past week...</p> <p>(10) How severe was your <u>mood disturbance</u> due to your RLS symptoms - for example angry, depressed, sad, anxious or irritable?</p> <ul style="list-style-type: none"> _ (4) Very severe _ (3) Severe _ (2) Moderate _ (1) Mild _ (0) None
<p>Sum of scores =</p>	
<p>Scoring criteria are: Mild (score 1-10); Moderate (score 11-20); Severe (score 21-30); Very severe (score 31-40)</p>	
<p>1. Answers for this IRLS are scored from 4 for the first (top) answer (usually 'very severe') to 0 for the last answer (usually none). All items are scored. The sum of the item scores serves as the scale score.</p> <p>The International Restless Legs Syndrome Study Group holds the copyright for this scale.</p>	