



## Restless Legs Syndrome Rating Scale

- 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.
- The examiner should mark the patient's answers on the form.

<p><b>In the past week.</b>  <b>(1)</b> Overall, how would you rate the RLS discomfort in your legs or arms?  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p> <p><b>In the past week.</b>  <b>(2)</b> Overall, how would you rate the need to move around because of your RLS symptoms?  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p> <p><b>In the past week.</b>  <b>(3)</b> Overall, how much relief of your RLS arm or leg discomfort did you get from moving around?  <input type="checkbox"/> (4) No relief  <input type="checkbox"/> (3) Mild relief  <input type="checkbox"/> (2) Moderate relief  <input type="checkbox"/> (1) Either complete or almost complete relief  <input type="checkbox"/> (0) No RLS symptoms to be relieved</p> <p><b>In the past week.</b>  <b>(4)</b> How severe was your sleep disturbance due to your RLS symptoms?  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p>	<p><b>In the past week.</b>  <b>(5)</b> How severe was your tiredness or sleepiness during the day due to your RLS symptoms  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p> <p><b>In the past week.</b>  <b>(6)</b> How severe was your RLS as a whole?  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p> <p><b>In the past week.</b>  <b>(7)</b> How often did you get RLS symptoms?  <input type="checkbox"/> (4) Very often (6 to 7 days in 1 week)  <input type="checkbox"/> (3) Often (4 to 5 days in 1 week)  <input type="checkbox"/> (2) Sometimes (2 to 3 days in 1 week)  <input type="checkbox"/> (1) Occasionally (1 day in 1 week)  <input type="checkbox"/> (0) Never</p> <p><b>In the past week.</b>  <b>(8)</b> When you had RLS symptoms, how severe were they on average?  <input type="checkbox"/> (4) Very severe (8 hours or more per 24 hour)  <input type="checkbox"/> (3) Severe (3 to 8 hours per 24 hour)  <input type="checkbox"/> (2) Moderate (1 to 3 hours per 24 hour)  <input type="checkbox"/> (1) Mild (less than 1 hour per 24 hour)  <input type="checkbox"/> (0) None</p>	<p><b>In the past week.</b>  <b>(9)</b> Overall, how severe was 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  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p> <p><b>In the past week.</b>  <b>(10)</b> How severe was your mood disturbance due to your RLS symptoms - for example angry, depressed, sad, anxious or irritable?  <input type="checkbox"/> (4) Very severe  <input type="checkbox"/> (3) Severe  <input type="checkbox"/> (2) Moderate  <input type="checkbox"/> (1) Mild  <input type="checkbox"/> (0) None</p>
<p><b>Sum of scores = _____</b></p>		

Scoring criteria are: **Mild (score 1-10); Moderate (score 11-20); Severe (score 21-30); Very severe (score 31-40)**

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.

*The International Restless Legs Syndrome Study Group holds the copyright for this scale.*