

## Johns Hopkins Restless Legs Syndrome Quality of Life Questionnaire

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The following are some questions on how your Restless Legs Syndrome might affect your quality of life. Answer each of the items below in relation to your life experience in the past 4 weeks.

*Please mark only one answer for each question.*

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**1. In the past 4 weeks how distressing to you were your restless legs?**

- Not at all    A little    Some    Quite a bit    A lot

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**2. How often in the past 4 weeks did your restless legs disrupt your routine evening activities?**

- Never    A few times    Sometimes    Most of the time    All the time

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**3. How often in the past 4 weeks did restless legs keep you from attending your evening social activities?**

- Never    A few times    Sometimes    Most of the time    All the time

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**4. In the past 4 weeks how much trouble did you have getting up in the morning due to restless legs?**

- None    A little    Some    Quite a bit    A lot

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**5. In the past 4 weeks how often were you late for work or your first appointments of the day due to restless legs?**

- Never    A few times    Sometimes    Most of the time    All the time

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**6. How many days in the past 4 weeks were you late for work or your first appointments of the day due to restless legs?**

Write in number of days: \_\_\_\_\_

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**7. How often in the past 4 weeks did you have trouble concentrating in the afternoon?**

- Never    A few times    Sometimes    Most of the time    All the time

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**8. How often in the past 4 weeks did you have trouble concentrating in the evening?**

- Never    A few times    Sometimes    Most of the time    All the time

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**9. In the past 4 weeks how much was your ability to make decisions affected by sleep problems?**

- Not at all    A little    Some    Quite a bit    A lot

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**10. How often in the past 4 weeks would you have avoided traveling when the trip would have lasted more than two hours?**

- Never    A few times    Sometimes    Most of the time    All the time

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**11. In the past 4 weeks how much interest did you have in sexual activity?**

- None     A little     Some     Quite a bit     A lot     Prefer not to answer
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**12. In the past 4 weeks how much did restless legs disturb or reduce your sexual activities?**

- Not at all     A little     Some     Quite a bit     A lot     Prefer not to answer
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**13. In the past 4 weeks how much did your restless legs disturb your ability to carry out your daily activities, for example carrying out a satisfactory family, home, social, school or work life?**

- Not at all     A little     Some     Quite a bit     A lot
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**14. Do you currently work (full or part time, paid work, unpaid or volunteer)? (mark one box)**

- YES** – If Yes please answer questions #15 through #18  
 **NO**, because of my RLS – *Thank you, you have now completed the questionnaire.*  
 **NO**, due to other reasons – *Thank you, you have now completed the questionnaire.*
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**15. How often did restless legs make it difficult for you to work a full day in the past 4 weeks?**

- Never     A few times     Sometimes     Most of the time     All the time
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**16. How many days in the past 4 weeks did you work less than you would like due to restless legs?**

Write in number of days: \_\_\_\_\_

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**17. On the average, how many hours did you work per day in the past 4 weeks?**

Write in number of hours per day: \_\_\_\_\_

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**18. On days you worked less than you would like, on average about how many hours less did you work per day due to your restless legs?**

Write in number of hours per day: \_\_\_\_\_

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***Thank you, you have now completed the questionnaire.***

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

RLS/SVI#: \_\_\_\_\_ (Office Use Only)