



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>In the past week. (1) 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>In the past week. (2) 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>In the past week. (3) 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>In the past week. (4) 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>In the past week. (5) 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>In the past week. (6) 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>In the past week. (7) 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>In the past week. (8) 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>In the past week. (9) 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>In the past week. (10) 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>Sum of scores = _____</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.