



# My RLS Monitor™

## Supporting communication of my RLS\*

\* RLS: Restless Legs Syndrome

My RLS Monitor™ has been endorsed by:

# How to complete your RLS\* Monitor™?

Discomfort from **Restless Legs Syndrome** (Willis-Ekbom disease) is usually felt deep inside the limbs, triggering strange sensations. These sensations can be difficult to describe, especially when you're trying to tell your doctor why you can't sleep, relax, or just sit still.

Here's a list of common terms that people with RLS use to describe what's happening in their limbs. They might help you to describe how you're feeling:

- Creeping
- Crawling
- Crazy Legs
- Heebie-jeebies
- Itching
- Tugeling
- Worms
- Electric current
- Tingling
- Throbbing
- Grabbing
- Ants marching
- Painful
- Cramping
- Aching
- Coldness
- Elvis legs
- Gotta-moves
- The jitters
- Pulling
- Soda bubbling
- Burning
- Tearing
- Tight feeling
- Fidgeting
- Restless
- Like water moving

**My RLS Monitor™** has been developed by UCB and endorsed by the European Alliance for Restless Legs Syndrome (EARLS) to support you as an RLS patient in your communication with your physicians. This tool can help you to document and review your well-being before the consultation. During your consultation it can help you to better express the key facts without forgetting important points.

## How did I take my RLS medication?

| RLS MEDICATIONS<br>(name, formulation and dose) | 07 | 12 | 15 | 18 | 21 | 24 |
|---|----|----|----|----|----|----|
| 1   |    |    |    |    |    |    |
| 2   |    |    |    |    |    |    |
| 3   |    |    |    |    |    |    |

## How did I take my RLS medication?

Please record all medications you are taking to get relief of your RLS symptoms. This might even be pain killers and sleep meds.

Reporting the time point of intake and the doses enables your doctor to detect how effective your current treatment is.

## Did I take other medications since my last visit to the doctor?

| OTHER MEDICATIONS (name, formulation and dose) | YES                      |
|--|--------------------------|
| 1  | <input type="checkbox"/> |
| 2  | <input type="checkbox"/> |
| 3  | <input type="checkbox"/> |

## Did I take other medications since my last visit to the doctor?

There are certain medications you may have taken for other reasons or conditions, that are known to exacerbate RLS symptoms. Examples are medications taken for:

- Cold (e.g. Diphenhydramine)
- Heartburn (e.g. Metoclopramide)
- Psychosis (e.g. Phenothiazines)
- Schizophrenia (e.g. Risperidone, Olanzapine)
- Depression (e.g. selective serotonin reuptake inhibitors like Fluoxetine, Sertraline and Citalopram)
- Epilepsy (e.g. zonisamide, phenytoin, methusuximide)
- Allergy (e.g. dimenhydrinate, dimetinden)
- Pain (e.g. tramadol)

Their use should be brought to the attention of your doctor. As RLS is different for each individual please list all medications you have taken, not only those already known to exacerbate RLS.

## Since my last visit, did I notice...

| Since my last visit, did I notice...  | YES                      |
|---|--------------------------|
| Any maintained increase in symptom severity despite appropriate treatment   | <input type="checkbox"/> |
| Any maintained increase in symptom severity following a dose increase, particularly if a dose reduction leads to an improvement in symptoms | <input type="checkbox"/> |
| Any earlier onset of symptoms in the afternoon/evening  | <input type="checkbox"/> |
| Any spreading of symptoms to previously unaffected body parts   | <input type="checkbox"/> |

## Since my last visit, did I notice...

Augmentation is the main complication of long-term treatment of RLS. The risk to experience augmentation differs between medications. Augmentation is characterized by a worsening of symptoms, which appears as:

- Your symptoms onset is pushed to an earlier time point in the day
- If you are at rest, your symptoms start faster than they used to
- Your symptoms may spread to other parts of your body – including trunk and arms
- You may note a direct relationship between dose increase and symptoms worsening

Diagnosing augmentation is not easy and by answering these five questions you might provide valuable information to your doctor, enabling him to adjust your RLS treatment in order to better control your symptoms.

## Was I exposed to factors aggravating my RLS?

| Was I exposed to something unusual that may have lead to factors aggravating my RLS? Which ones? | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Emotional stress   | <input type="checkbox"/> | <input type="checkbox"/> |
| Caffeine   | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol  | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression   | <input type="checkbox"/> | <input type="checkbox"/> |

## Was I exposed to factors aggravating my RLS?

Alcohol, nicotine or caffeine as well as factors and conditions like emotional stress and depressions can also aggravate RLS.

If you recognized aggravation of your RLS symptoms could a change in behavior (e.g. higher alcohol or caffeine consumption) or a mental or physical condition have caused it?



What about my RLS in the past 7 days and nights?

► How did I feel?

|   | DAY 1  |          |          |          |          | DAY 2             |          |          |          |          | DAY 3             |          |          |          |          | DAY 4             |          |          |          |          | DAY 5             |          |          |          |          | DAY 6             |          |          |          |          | DAY 7             |          |          |          |          |
|---|--|----------|----------|----------|----------|-------------------|----------|----------|----------|----------|-------------------|----------|----------|----------|----------|-------------------|----------|----------|----------|----------|-------------------|----------|----------|----------|----------|-------------------|----------|----------|----------|----------|-------------------|----------|----------|----------|----------|
|   | Date: ...../...../.....<br>Time period<br>From ▷ to (hour) ◁ |          |          |          |          | ...../...../..... |          |          |          |          | ...../...../..... |          |          |          |          | ...../...../..... |          |          |          |          | ...../...../..... |          |          |          |          | ...../...../..... |          |          |          |          | ...../...../..... |          |          |          |          |
|   | 07<br>12   | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12          | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12          | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12          | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12          | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12          | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12          | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 |
| I am symptom free                               | ○  | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        |          |
| I have a few symptoms,<br>they do not bother me | ○  | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        |          |
| I have bothersome symptoms<br>but I can cope    | ○  | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        |          |
| I have very bothersome<br>symptoms              | ○  | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        | ○        | ○                 | ○        | ○        | ○        |          |

► How did I take my RLS medication?

| RLS MEDICATIONS<br>(name, formulation and dose) | 07<br>12                            | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12 | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12 | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12 | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12 | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12 | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 | 07<br>12 | 12<br>15 | 15<br>18 | 18<br>21 | 21<br>07 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 .....   | NUMBER OF UNITS TAKEN               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....   | TOTAL DOSE (RESERVED TO THE DOCTOR) |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....   |                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

What about me and my RLS since my last visit to the doctor?

Did I take other medications since my last visit to the doctor?  
Which ones?

| OTHER MEDICATIONS (name, formulation and dose) |
|--|
| 1 .....  |
| 2 .....  |
| 3 .....  |
| 4 .....  |
| 5 .....  |

Was I exposed to something unusual that I attribute to aggravate my RLS?  
Which ones?

|                                      | YES                      | NO                       |
|--------------------------------------|--------------------------|--------------------------|
| Emotional stress                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Caffeine                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Mood / Depression                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other? Which ones?<br>.....<br>..... |                          |                          |

Did the doctor change my treatment at my last visit? YES ☐ NO ☐

Since my last visit, did I notice...

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Any maintained increase in symptom severity despite correct adherence to treatment  | <input type="checkbox"/> | <input type="checkbox"/> |
| Any maintained increase in symptom severity following a dose increase, particularly if a dose reduction leads to an improvement in symptoms | <input type="checkbox"/> | <input type="checkbox"/> |
| Any earlier onset of symptoms in the afternoon/evening  | <input type="checkbox"/> | <input type="checkbox"/> |
| Any spreading of symptoms to previously unaffected body parts   | <input type="checkbox"/> | <input type="checkbox"/> |
| Any shorter latency to symptom onset during the day when at rest  | <input type="checkbox"/> | <input type="checkbox"/> |

⚠ If you experience bothersome symptoms or if you answered YES to at least one question above, please contact your doctor or seek for a consultation with an RLS specialist





# My RLS Monitor™

Supporting communication of my RLS\*

\* RLS: Restless Legs Syndrome

## Contact Information

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Driven by science.

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