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.	able to clarify any misunderstandings the nationt may have about the questions
The examiner should mark the patient's answers on the form.	
In the past week	In the past week
(1) Overall, how would you rate the RLS discomfort in your legs or arms?	(6) How severe was your RLS as a whole?
_ (4) Very severe	_ (4) Very severe
(3) Severe	(3) Severe
_ (2) Moderate	_ (2) Moderate
_ (1) Mild	_ (1) Mild
(0) None	(0) None
In the past week	In the past week
(2) Overall, how would you rate the need to move around because of your RLS symptoms?	(7) How often did you get RLS symptoms?
_ (4) Very severe	_ (4) Very often (6 to 7 days in 1 week)
_ (3) Severe	(3) Often (4 to 5 days in 1 week)
_ (2) Moderate	_ (2) Sometimes (2 to 3 days in 1 week)
_ (1) Mild	_ (1) Occasionally (1 day in 1 week)
(0) None	(0) Never
In the past week	In the past week
(3) Overall, how much relief of your RLS arm or leg discomfort did you get from moving	(8) When you had RLS symptoms, how severe were they on average?
around?	(c) this is you had the symptoms, not so to so they on all dags.
_ (4) No relief	_ (4) Very severe (8 hours or more per 24 hour)
_ (3) Mild relief	(3) Severe (3 to 8 hours per 24 hour)
(2) Moderate relief	(2) Moderate (1 to 3 hours per 24 hour)
(1) Either complete or almost complete relief	(1) Mild (less than 1 hour per 24 hour)
(1) Little complete of almost complete relief	(0) None
In the past week	In the past week
(4) How severe was your <u>sleep disturbance</u> due to your RLS symptoms?	(9) Overall, how severe was the impact of your RLS symptoms on your ability to carry out
(1) Non covere was your <u>aloop distansance</u> due to your need symptoms.	your daily affairs, for example carrying out a satisfactory family, home, social, school or world
(4) Very severe	_ (4) Very severe
_ (3) Severe	_ (3) Severe
_ (2) Moderate	(2) Moderate
(1) Mild	(1) Mild
(0) None	(0) None
In the past week	In the past week
(5) How severe was your <u>tiredness</u> or <u>sleepiness</u> <u>during the day</u> due to your RLS symptoms?	<u> </u>
(c) From develor was your <u>ansarross</u> or <u>disopinioss darring and day</u> due to your files symptoms.	angry, depressed, sad, anxious or irritable?
_ (4) Very severe	_ (4) Very severe
_ (3) Severe	_ (3) Severe
_ (2) Moderate	_ (2) Moderate
_ (2) Midderate _ (1) Mild	_ (2) Nidderate _ (1) Mild
(0) None	(0) None
_ (0) Notice	_ (0) Notice
Sum of scores =	
Scoring criteria are: Mild (score 1-10); Moderate (score 11-20); Severe (score 21-30); Very severe (score 31-40)	
	0 for the last answer (usually none). All items are scored. The sum of the item scores serves
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