

RESTLESS LEGS SYNDROME QUESTIONNAIRE – PATIENT VERSION

Patient name: _____

1. Do you have “leg pains” or uncomfortable or funny feelings (creeping, crawling, tingling) in your legs?

never
 only in past
 occasionally (<1x/month)
 sometimes (1-2x/month)
 frequently (1-2x/daily)

2. Do you:

YES NO UNSURE

- A. Notice funning feelings in your legs (or do they seem worse) when lying down or sitting?

- B. Have partial relief with movement (wiggling feet, toes, or walking?)

- C. Notice that the feeling is worse at night?

- D. Have a lot of fidgeting or wiggling of your feet or toes when sitting or lying down?

- E. Have repeated jerking movements in toes or legs or the whole body while sleeping?

- F. Have a family member diagnosed with RLS?

If so, what relation? _____
