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## RESTLESS LEGS SYNDROME QUESTIONNAIRE

### Restless Legs Syndrome Questionnaire

**Q1-4.** This is another tool developed to assess sleep. The purpose of these questions is to determine if participants experience symptoms which meet the International Restless Legs Syndrome Study Group (IRLSSG) criteria for the diagnosis of Restless Legs Syndrome (RLS). Each question requires only a “Yes” or “No” response.

Please administer the Restless Legs Syndrome Scale to those participants who respond “Yes” to the first two following questions (Q1 and Q1a) on the Restless Legs Syndrome form:

Q1. Do you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?

Q1a. Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or to relieve the discomfort by rubbing your legs?

### Restless Legs Syndrome Rating Scale

**Q1-10.** Have the participant rate her symptoms. Mark her answers on the form and be ready to clarify any misunderstandings she may have about the questions.

### QC Checklist

- Restless Legs Syndrome Questionnaire completed correctly