

Date:

Name:  
Date of Birth:  
Hospital Number:

## RLS PROMs

### [RESTLESS LEGS SYNDROME-WILLIS EKBOM DISEASE (RLS-WED) PATIENT REPORTED OUTCOME MEASURES]

1. Your answers to these questions will help us track the severity of your RLS and its impact on your quality of life, daytime sleepiness, fatigue and insomnia. The information will help us to assess the severity of your condition and offer the most appropriate treatment.
2. You will be asked to complete this bundle of questionnaires at each consultation.
3. Please note that there are **FIVE separate questionnaires** in this bundle. You need to **complete them ALL**.
4. After completing the questionnaire, please collate the scores in the following table:

	<b>Questionnaire</b>	<b>Score</b>
1.	International Restless Legs Syndrome Severity Rating scale	
2.	RLS Quality of Life Questionnaire (Summary Score)	
3.	Epworth Sleepiness Scale	
4.	Fatigue Severity Scale	
5.	Insomnia Severity Index	

5. Please use this questionnaire to monitor your symptoms on a monthly basis. You may score yourself and keep a record. This will help at the next consultation.

## INTERNATIONAL RESTLESS LEGS SYNDROME STUDY GROUP RATING SCALE (IRLS)

1.	<b>In the past week</b> , overall, how would you rate the RLS discomfort in your legs or arms?				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
2.	<b>In the past week</b> , overall, how would you rate the need to move around because of your RLS symptoms?				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
3.	<b>In the past week</b> , overall, how much relief of your RLS arm or leg discomfort did you get from moving around?				
	No relief	Mild relief	Moderate relief	Either complete or almost complete relief	No RLS symptoms to be relieved
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
4.	<b>In the past week</b> , how severe was your sleep disturbance due to your RLS symptoms?				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
5.	<b>In the past week</b> , how severe was your tiredness or sleepiness during the day due to your RLS symptoms?				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
6.	<b>In the past week</b> , how severe was your RLS as a whole?				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
7.	<b>In the past week</b> , how often did you get RLS symptoms?				
	Very Often (this means 6 to 7 days a week)	Often (this means 4 to 5 days per week)	Sometimes (this means 2 to 3 days per week)	Mild Occasionally (this means 1 day per week)	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

8	<b>In the past week, when you had RLS symptoms, how severe were they on average?</b>				
	Very Severe	Severe	Moderate	Mild	None
	Very severe (this means 8hrs or more per 24hr day)	(this means 3 to 8hrs per 24hr day)	Moderate (this means 1 to 3hrs per 24hr day)	Mild (this means less than 1 hour per 24hr day)	
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
9.	<b>In the past week, 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</b>				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
10.	<b>In the past week, how severe was your mood disturbance due to your RLS symptoms – for example angry, depressed, sad, anxious or irritable?</b>				
	Very Severe	Severe	Moderate	Mild	None
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
	<b>TOTAL SCORE =           /40</b>				

## RESTLESS LEGS SYNDROME QUALITY OF LIFE QUESTIONNAIRE

The following are some questions on how your Restless Legs Syndrome might affect your quality of life. **Answer each of the items below in relation to your life experience in the past FOUR weeks.** Please mark **only ONE** answer for each question.

<b>1.</b>	<b>In the past FOUR weeks, How distressing to you were your restless legs?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Not at all = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A little = 4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Some = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Quite a bit = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A Lot = 1</td> </tr> </table>	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1
Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1		
<b>2.</b>	<b>How often in the past four weeks did your restless legs disrupt your routine evening activities?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Never = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A few Times=4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Sometimes = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Most of the Time = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">All the Time = 1</td> </tr> </table>	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1		
<b>3.</b>	<b>How often in the past four weeks did restless legs keep you from attending your evening social activities?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Never = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A few Times=4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Sometimes = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Most of the Time = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">All the Time = 1</td> </tr> </table>	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
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<b>4.</b>	<b>In the past four weeks how much trouble did you have getting up in the morning due to restless legs?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Not at all = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A little = 4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Some = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Quite a bit = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A Lot = 1</td> </tr> </table>	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1
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<b>5.</b>	<b>In the past four weeks how often were you late for work or your first appointments of the day due to restless legs?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Never = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A few Times=4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Sometimes = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Most of the Time = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">All the Time = 1</td> </tr> </table>	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1		
<b>6.</b>	<b>How many days in the past four weeks were you late your first appointments of the day or for work due to restless legs?</b>					
	Write the Number of days: _____					
<b>7.</b>	<b>How often in the past four weeks did you have trouble concentrating in the afternoon?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Never = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A few Times=4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Sometimes = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Most of the Time = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">All the Time = 1</td> </tr> </table>	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
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<b>8.</b>	<b>How often in the past four weeks did you have trouble concentrating in the evening?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Never = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A few Times=4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Sometimes = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Most of the Time = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">All the Time = 1</td> </tr> </table>	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1		
<b>9.</b>	<b>In the past four weeks how much was your ability to make good decisions affected by sleep problems?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Not at all = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A little = 4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Some = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Quite a bit = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A Lot = 1</td> </tr> </table>	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1
Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1		
<b>10.</b>	<b>How often in the past four weeks would you have avoided travelling when the trip would have lasted more than two hours?</b>					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Never = 5</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">A few Times=4</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Sometimes = 3</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Most of the Time = 2</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">All the Time = 1</td> </tr> </table>	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
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<b>11.</b>	<b>In the past four weeks how much interest did you have in sexual activity?</b>					
	Prefer not to answer	None	A little	Some	Quite a lot	A lot
<b>12.</b>	<b>How much did restless legs disturb or reduce your sexual activities?</b>					
	Prefer not to answer	None	A little	Some	Quite a lot	A lot
<b>13.</b>	<b>In the past four weeks how much did your restless legs disturb your ability to carry out your daily activities, for example carrying out a satisfactory family, home, social, school or work life?</b>					
	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1	

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### How to Score this rating scale

The RLS quality of Life Questionnaire assesses several domains of quality of life. To obtain the “**summary score**”, please add the scores for questions 1-5, 7-10 and 13. Then subtract 10 from the total. Multiply the remainder by 2.5 – this gives you the **RLS Quality of Life Summary Score**. It is expressed as a percentage. The higher the score, the better the quality of life.

Raw score (total of <b>Q 1-5, 7-10 &amp; 13</b> )	=	
Subtract <b>10</b> from the raw Score	=	
Multiply the remainder by <b>2.5</b>	=	%

# EPWORTH QUESTIONNAIRE

- Please rate how likely you are to sleep in the following situations, **BASED ON YOUR EXPERIENCE IN THE LAST MONTH.**
- We are **not asking you to rate how tired** you would be in these situations **but how likely you are to doze off.**
- If you have not been in the following situations recently, think about how you would have been affected.
- Circle the most appropriate number for each situation.

<b>DATE:</b>		<b>Would Never Doze</b>	<b>Slight Chance of Dozing</b>	<b>Moderate Chance of Dozing</b>	<b>High Chance of Dozing</b>
1	Sitting and reading	0	1	2	3
2	Watching TV	0	1	2	3
<b>3</b>	Sitting Inactive in a Public Place	0	1	2	3
4	As a passenger in a car for an hour	0	1	2	3
5	Lying down to rest in the afternoon	0	1	2	3
<b>6</b>	Sitting and talking to someone	0	1	2	3
7	Sitting quietly after lunch without alcohol	0	1	2	3
<b>8</b>	In a car while stopped in traffic for a few minutes	0	1	2	3
<b>Total Score</b>					

## FATIGUE SEVERITY SCORE

- Read each statement and mark a number from 1-7, based on how accurately it reflects your condition during the past week and the extent to which you agree or disagree that the statement applies to you.
- A low value (e.g. 1) indicates strong disagreement with the statement, whereas a high value (e.g. 7) indicates strong agreement.
- It is important you circle a number (1 to 7) for every question.

**Please place a tick mark - ✓ - in the appropriate box**

		Disagree						Agree	
1.	My motivation is lower when I am fatigued	1	2	3	4	5	6	7	
2.	Exercise brings on my fatigue	1	2	3	4	5	6	7	
3.	I am easily fatigued	1	2	3	4	5	6	7	
4.	Fatigue interferes with my physical functioning	1	2	3	4	5	6	7	
5.	Fatigue causes frequent problem for me	1	2	3	4	5	6	7	
6.	My fatigue prevents sustained physical functioning	1	2	3	4	5	6	7	
7.	Fatigue interferes with carrying of certain duties and responsibilities	1	2	3	4	5	6	7	
8.	Fatigue is among my three most disabling symptoms	1	2	3	4	5	6	7	
9.	Fatigue interferes with my work, family or social life	1	2	3	4	5	6	7	
							<b>TOTAL =</b>	<b>/63</b>	

## Insomnia Severity Index

For each question below, please circle the number corresponding most accurately to your sleep patterns in the **LAST MONTH**.

For the first three questions, please rate the **SEVERITY** of your sleep difficulties.

1. Difficulty falling asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

2. Difficulty staying asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

3. Problem waking up too early in the morning:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

4. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
0	1	2	3	4

5. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood)?

Not at all Interfering	A little Interfering	Somewhat Interfering	Very Interfering	Extremely Interfering
0	1	2	3	4

6. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all Noticeable	A little Noticeable	Somewhat Noticeable	Very Noticeable	Extremely Noticeable
0	1	2	3	4

7. How **WORRIED**/distressed are you about your current sleep problem?

Not at all	A little	Somewhat	Very	Extremely
0	1	2	3	4

Add your scores for all items – **TOTAL SCORE =**