

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

SURNAME  
Mr/Mrs/Miss

FIRST  
NAMES

DATE :

DOB

1.	<b>In the past week, overall, how would you rate the RLS discomfort in your legs or arms?</b>				
	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, overall, how would you rate the need to move around because of your RLS symptoms?</b>				
	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, overall, how much relief of your RLS arm or leg discomfort did you get from moving around?</b>				
	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, how severe was your sleep disturbance due to your RLS symptoms?</b>				
	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, how severe was your tiredness or sleepiness during the day due to your RLS symptoms?</b>				
	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, how severe was your RLS as a whole?</b>				
	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, how often did you get RLS symptoms?</b>				
	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)	
4	3	2	1	0	
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
4	3	2	1	0	
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
4	3	2	1	0	
	<b>TOTAL SCORE =            /40</b>				