

Date:

Name:
 DOB:
 Hosp. No:

JOHNS HOPKINS RLS QUESTIONNAIRE

Answer the questions as completely as you can. Please circle the one best answer to each item:								
1.	Do you have, or have you had, recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down?				Yes	No		
If you have uncomfortable feelings or sensations, what type of sensations do you get? (Please circle all that apply)								
	Creepy-crawly sensations			Grabbing sensation				
	Pain			Electric current like sensations				
	Throbbing sensation			Shock like feeling				
	Burning sensation			Worms moving under the skin				
	Tight feeling			The sensation is difficult to describe				
Other sensation – please describe below:								
2.	Do you have, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?				Yes	No		
3.	Would you describe these feelings and the feeling of an urge to move the leg as usually:			More painful than uncomfortable				
				Uncomfortable, but not really painful				
				Both painful and uncomfortable				
4.	Are you more likely to have these feelings when you are resting (either sitting or lying down) or when you are physically active?				Resting	Active		
5.	Do these feelings usually start when you are resting (either sitting or lying down)?				Yes	No		
6.	If you get up or move around when you have these feelings do these feelings get any better while you actually keep moving?			Yes	No	Don't Know		
7.	Do you sometimes get up or move around for no other reason than because you have these feelings in your legs?			Yes	No	Not Sure		
8.	Do these feelings ever become overwhelming to the point that you cannot resist moving?				Yes	No		
9.	When you are awake and having these feelings, how often do you find your legs move or jump on their own without you making them move?		Never	Some-times	Often	Almost always	Always	

10a	Which times of the day are these feelings in your legs most likely to occur? <i>(Please circle one or more than one)</i>	Morning	Mid-day	Afternoon	Evening	Night	About equal at all times
10.b	Which times of the day are these feelings in your legs least likely to occur? <i>(Please circle one or more than one)</i>	Morning	Mid-day	Afternoon	Evening	Night	About equal at all times
11	Will simply changing leg position by itself <i>once</i> without continuing to move usually relieve these feeling?	Usually relieves			Does <i>not</i> usually relieve		Don't know
12a	Are these feelings <i>ever</i> due to muscle cramps?	Yes					
		No					
		Don't know					
12b	If so, are they <i>always</i> due to muscle cramps?	Yes					
		No					
		Don't know					
12.c	Are these feelings due to arthritis of your knees or ankles?	I do not have arthritis of my leg joints					
		Yes					
		No					
12.d	Are these feelings due to 'poor circulation' in your legs	I do not have 'poor circulation'					
		Yes					
		No					
12.e	If you have fibromyalgia, do you believe these sensations could be due to fibromyalgia?	I do not have fibromyalgia					
		Yes					
		No					
13	Do these feelings occur <i>only</i> when sitting or only when lying down?	Don't know					
		Neither					
		Only when sitting					
14	When you actually experience the feelings in your legs, how <i>distressing</i> are they?	Only when lying down					
		Both when sitting and when lying down					
		Not at all distressing					
15	Are these feelings worse at night or in the evening than at other times of the day?	A little bit					
		Moderately					
		Extremely distressing					
15	Are these feelings worse at night or in the evening than at other times of the day?	Worse in evening/night					
		Worse at other times					
		No difference					

16	In the past 12 months, how often did you experience these feelings in your legs? <i>?(Please circle only one answer)</i>	Every day		
		4-5 days per week		
		2-3 days per week		
		1 day per week		
		2 days per month		
		Less than 1 day per month		
		Never		
17	And a year ago, how often did you usually experience these feelings? <i>(please circle only one answer)</i>	Every Day		
		4 – 5 days per week		
		2 – 3 days per week		
		1 day per week		
		2 days per month		
		Less than 1 day per month		
18	And five years ago, how often did you usually experience these feelings in your legs?	Every day		
		4 – 5 days per week		
		2 – 3 days per week		
		1 day per week		
		2 days per month		
		Less than 1 day per month		
		Never		
19	Approximately how old were you when you first noticed these feelings in your legs <i>(please write age)</i> Years , Months		
<p>Now we'd like to ask you about your blood relatives and whether they experience these feelings in their legs. Please write in the number that do and do not have these feelings, and the number for whom you don't know whether they have these feelings. If you do not have children or siblings, please indicate so.</p>				
20	Thinking about your own children, how many of these have similar feelings in their legs? Please circle here if you do not have children	Do have these feelings		
		Don't have these feelings		
		Don't know		
21	Thinking about your brothers and sisters, how many of these have similar feelings in their legs? Please circle here if you do not have a brother or sister	Do have these feelings		
		Don't have these feelings		
		Don't know		
22a	Did or does your biological mother have these feelings in her legs?	Yes	No	Don't know
22b	Did or does your biological father have these feelings in his legs?	Yes	No	Don't know

Thank you for completing this questionnaire.