

RLS-QoL (S)

Date:

Name:

Date of birth:

Hospital number:

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.

1.	In the past FOUR weeks, How distressing to you were your restless legs?				
	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1
2.	How often in the past four weeks did your restless legs disrupt your routine evening activities?				
	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
3.	How often in the past four weeks did restless legs keep you from attending your evening social activities?				
	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
4.	In the past four weeks how much trouble did you have getting up in the morning due to restless legs?				
	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1
5.	In the past four weeks how often were you late for work or your first appointments of the day due to restless legs?				
	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
6.	How many days in the past four weeks were you late your first appointments of the day or for work due to restless legs?				
	Write the Number of days: _____				
7.	How often in the past four weeks did you have trouble concentrating in the afternoon?				
	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
8.	How often in the past four weeks did you have trouble concentrating in the evening?				
	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1
9.	In the past four weeks how much was your ability to make good decisions affected by sleep problems?				
	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1

10.	How often in the past four weeks would you have avoided travelling when the trip would have lasted more than two hours?					
	Never = 5	A few Times=4	Sometimes = 3	Most of the Time = 2	All the Time = 1	
11.	In the past four weeks how much interest did you have in sexual activity?					
	Prefer not to answer	None	A little	Some	Quite a lot	A lot
12.	How much did restless legs disturb or reduce your sexual activities?					
	Prefer not to answer	None	A little	Some	Quite a lot	A lot
13.	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?					
	Not at all = 5	A little = 4	Some = 3	Quite a bit = 2	A Lot = 1	

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 Q 1-5, 7-10 & 13)	=	
Subtract 10 from the raw Score	=	
Multiply the remainder by 2.5	=	%