**Restless Legs Syndrome Rating Scale**

The International Restless Legs Syndrome Study Group (Arthur S. Walters MD – Group Organizer and Correspondent), Towards a better definition of the restless legs syndrome. Mov Disord 10 (1995), pp. 634–642.

**Scoring**:

Mild (score 1-10);

Moderate (score 11-20);

Severe (score 21-30);

Very severe (score 31-40)

**Restless Legs Syndrome Rating Scale**

***In the past week…***

1. Overall, how would you rate the RLS discomfort in your legs or arms?

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None

1. Overall, how would you rate the need to move around because of your RLS symptoms?

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None

1. Overall, how much relief of your RLS arm or leg discomfort did you get from moving around?

\_ (4) No relief

\_ (3) Mild relief

\_ (2) Moderate relief

\_ (1) Either complete or almost complete relief

\_ (0) No RLS symptoms to be relieved

1. How severe was your sleep disturbance due to your RLS symptoms?

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None

(5) How severe was your tiredness or sleepiness during the day due to your RLS symptoms?

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None

1. How severe was your RLS as a whole?

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None

1. How often did you get RLS symptoms?

\_ (4) Very often (6 to 7 days in 1 week)

\_ (3) Often (4 to 5 days in 1 week)

\_ (2) Sometimes (2 to 3 days in 1 week)

\_ (1) Occasionally (1 day in 1 week)

\_ (0) Never

1. When you had RLS symptoms, how severe were they on average?

\_ (4) Very severe (8 hours or more per 24 hour)

\_ (3) Severe (3 to 8 hours per 24 hour)

\_ (2) Moderate (1 to 3 hours per 24 hour)

\_ (1) Mild (less than 1 hour per 24 hour)

\_ (0) None

1. 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

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None

1. How severe was your mood disturbance due to your RLS symptoms - for example, angry, depressed, sad, anxious or irritable?

\_ (4) Very severe

\_ (3) Severe

\_ (2) Moderate

\_ (1) Mild

\_ (0) None