



Prof. Dr. med. Johannes Mathis
 1. Schweizer Praxis für Schlafmedizin
 johannes.mathis@hin.ch
 www.schlafwachmedizin.ch
 GLN-Nr.760100090355
 ZSR P581602

Neurozentrum Bern
 Schänzlistrasse 45
 3013 Bern
 T 031 330 60 70
 F 031 330 60 74
 www.neurozentrum-bern.ch



Restless Legs Syndrome (RLS_e)

Name of the patient: _____

Date of birth: _____ Gender m/f Date of test: _____

Medication & dosage: _____

Diagnostic criteria

How do the following statements apply to you?

1. I suffer from unpleasant sensations in my legs or arms (tingling, pulling, itching, burning, cramping, pain).

yes rather yes am not sure rather not not at all

If yes, since the age of.....years; Trigger.....:

2. I suffer from restlessness that forces me to move or stretch my limbs. I have to walk around or massage, shower or rub my limbs.

yes rather yes am not sure rather not not at all

3. The discomfort intensifies at rest and is relieved with movement and activity.

yes rather yes am not sure rather not not at all

4. The complaints increase towards evening or at night.

yes rather yes am not sure rather not not at all

5. I suffer from difficulty falling asleep or from sleepiness during the day

yes rather yes am not sure rather not not at all

6. While sleeping or awake while falling asleep, I often have involuntary movements at almost regular intervals.

yes rather yes am not sure rather not not at all

7. The complaints have increased in recent years

yes rather yes am not sure rather not not at all

8. I know other people in my family who suffer from similar complaints.

yes rather yes am not sure rather not not at all

9. How do you yourself describe your complaints (specify a maximum of 3 typical terms)

I can feel it in depth (muscles/bones) superficial Indefinite depth

10. Which body parts are affected and to what extent

- Feet (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Lower thigh (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Upper thigh (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Butt (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Belly/ chest (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Hands (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Arms (4) very much (3) strongly (2) medium (1) a bit (0) not at all
- Neck or Head (4) very much (3) strongly (2) medium (1) a bit (0) not at all

Severity (RLS score is calculated as the sum of questions 11-20).

11. How severe would you describe the discomfort of RLS in the legs or arms?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

12. How great is your need to move because of restless legs?

- (4) very great (3) great (2) medium (1) a bit (0) not at all

13. How much does the discomfort of your legs or arms improve when you walk around?

- (4) no improvement at all (3) minor improvement
 (2) mediocre improvement (1) complete or almost complete improvement
 (0) no RLS, question irrelevant

14. How strongly is your sleep disturbed by restless legs?

- (4) very strongly (3) strongly (2) medium (1) a bit (0) not at all

15. How severe is your fatigue or sleepiness because of RLS?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

16. How severe is your restless legs syndrome as a whole?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

17. How often do you have the RLS symptoms?

- (4) 6-7 Days per week (3) 4-5 Days per week
 (2) 2-3 Days per week (1) 1 Day per week
 (0) never

18. If you have RLS symptoms, how long do these symptoms last on an average day?

- (4) 8 Hours per day or more (3) 3-8 Hours per day
 (2) 1-3 Hours per day (1) less than 1 hour per day
 (0) Don't have it

19. How great is the impact of restless legs on the performance of daily tasks in the family, household, school and work?

- (4) very great (3) great (2) medium (1) a bit (0) not at all

20. How much do restless legs affect your mood (e.g. angry, depressed, sad, anxious, sensitive)?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

21. a. How severe is your restless legs syndrome as a whole during the period 6:00-12:00 o'clock?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

b. How severe is your restless legs syndrome as a whole during the period from 12.00-18.00 o'clock?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

c. How severe is your restless legs syndrome as a whole during the period from 18.00-24.00 o'clock?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

d. How severe is your restless legs syndrome as a whole during the period from 24.00-6.00 o'clock?

- (4) very severe (3) severe (2) medium (1) a bit (0) not at all

22. At what time of day do your complaints usually begin?
(John Hopkins RLS-Scale)

- (0) during the sleep
- (1) at bedtime, when I lie down to sleep
- (2) after 6:00 p.m., but already before bedtime
- (3) in the afternoon already before 18.00 o'clock
- (4) before 12.00 o'clock

23. When did these Restless Legs symptoms first appear?

.....

24. How often do the RLS symptoms occur now?

- (4) every day (3) 3-6 days/w (2) 1-2 days/w (1) 1-3 days/mt (0) rarely

25. Have you ever been diagnosed with an iron deficiency?

- (4) yes; when?..... (3) no (2) 1-2 don't know

26. What medications are you currently taking? Please also indicate the dose.

.....
.....
.....