

Name

DOB

Date of visit

International Restless Legs Syndrome Study Group Rating Scale (IRLS)

1. **In the past week**, overall how would you rate the **RLS discomfort** in your **legs or arms**?
 - Verysevere
 - Severe
 - Moderate
 - Mild
 - None

2. **In the past week**, overall how would you rate the **need to move around** because of your RLS symptoms?
 - Very severe
 - Severe
 - Moderate
 - Mild
 - None

3. **In the past week**, overall, how much **relief** of your RLS arm or leg discomfort did you get **from moving around**?
 - No relief
 - Mild relief
 - Moderate relief
 - Either complete or almost complete relief
 - No RLS symptoms to be relieved

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4. **In the past week**, how severe was your **sleep disturbance** due to your RLS symptoms?

- Verysevere
- Severe
- Moderate
- Mild
- None

5. **In the past week**, how severe was your **tiredness** or **sleepiness during the day** due to your RLS symptoms?

- Verysevere
- Severe
- Moderate
- Mild
- None

6. **In the past week**, how severe was your RLS as a whole?

- Verysevere
- Severe
- Moderate
- Mild
- None

7. **In the past week**, how often did you get RLS symptoms?

- Very often (This means 6 to 7 days a week)
- Often (This means 4 to 5 days a week)
- Sometimes (This means 2 to 3 days a week)
- Occasionally (This means 1 day a week)
- Never

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8. **In the past week**, when you had RLS symptoms, how severe were they on average?
- Very Severe (This means **8 hours or more** per 24 hour day)
 - Severe (This means **3 to 8 hours** per 24 hour day)
 - Moderate (This means **1 to 3 hours** per 24 hour day)
 - Mild (This means **less than 1 hour** per 24 hour day)
 - None
9. **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?
- Verysevere
 - Severe
 - Moderate
 - Mild
 - None
10. **In the past week** how severe was your **mood disturbance** due to your RLS symptoms-for example angry, depressed, sad, anxious or irritable?
- Verysevere
 - Severe
 - Moderate
 - Mild
 - None

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Augmentation Severity Rating Scale

Item 1. During the past week, at what time did your RLS symptoms usually start? Please write down the time when the symptoms usually started (e.g., 22:45)

Item 2. During the past week, what was the usual severity of your RLS symptoms?

- None
- Mild
- Moderate
- Severe
- Very Severe

Item 3a. During the past week, if you were sitting or resting during the daytime (for example, in a car, plane, theater, or watching TV), how soon afterwards did your RLS symptoms usually start?

- After a very long time or never
- After a long time (**i.e., after an hour**)
- After a moderate amount of time (**i.e., after about half an hour**)
- After a short time (**i.e., within a few minutes**)
- Immediately or almost immediately**

Item 3b. During the past week, at any times you were sitting or resting (for example, in a car, plane) indicate the time it takes for symptoms to start at various times during the day (late morning, early afternoon, late afternoon, evening before taking any RLS medication)

When sitting in the late morning (i.e., before noon), your symptoms usually started...

- After a **very long time or never**
- After a long time (i.e., after **about an hour**)
- After a moderate amount of time (i.e. after **about half an hour**)
- After a short time (i.e., **within a few minutes**)
- Immediately or almost immediately**
- Did not sit or rest in the morning over the last week

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When sitting in the afternoon (i.e., 12:00-15:00), your symptoms usually started...

- After a very long time or never
- After a long time (i.e., **after about an hour**)
- After a moderate amount of time (i.e., **after about half an hour**)
- After a short time (i.e., **within a few minutes**)
- Immediately or almost immediately**
- Did not sit or rest in the early afternoon over the last week.

When sitting in the late afternoon (i.e., 15:00-18:00), your symptoms usually started...

- After a very long time or never
- After a long time (i.e., after about an hour)
- After a moderate amount of time (i.e., after about half an hour)
- After a short time (i.e., within a few minutes)
- Immediately or almost immediately
- Did not sit or rest in the late afternoon over the last week.

When sitting in the evening (after 18:00, before taking the first dose of RLS medication), your symptoms usually started...

- After a very long time or never
- After a long time (i.e., after about an hour)
- After a moderate amount of time (i.e., after about half an hour)
- After a short time (i.e., within a few minutes)
- Immediately or almost immediately
- Did not sit or rest in the evening over the last week or took my first dose of RLS medication at or before this time.

Item 4. During the past week, what parts of your body were usually affected by RLS symptoms?

- none
- below the knees
- below the hips
- arms and legs
- most of the body