PARKINSONS & MOVEMENT DISORDERS CENTER OF MARYLAND
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Restless Legs Rating Scale

1. **In the past week**, overall, how would you rate the RLS discomfort in your legs or arms?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

2. **In the past week**, overall, how would you rate the need to move around because of your RLS symptoms?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

3. **In the past week**, overall, how much relief of your RLS arm or leg discomfort did you get from moving around?
   [] No symptoms [] Complete/nearly complete relief [] Moderate relief [] Mild relief [] No relief

4. **In the past week,** how severe was your sleep disturbance due to your RLS symptoms?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

5. **In the past week,** How severe was your tiredness or sleepiness during the day due to your RLS symptoms?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

6. **In the past week**, how severe was your RLS as a whole?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

7. **In the past week,** how often did you get RLS symptoms?
   [] 0-Never [] 1- Occasional (1/week) [] 2 – Sometimes (2-3/wk) [] 3 – Often (4-5/wk) [] 4 – Very often (6-7/wk)

8. **In the past week,** when you had RLS symptoms, how severe were they on average?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

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 activity?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

10. **In the past week,** how severe was your mood disturbance due to your RLS symptoms – for example angry, depressed, sad, anxious or irritable?
   [] 0-None [] 1- Mild [] 2 – Moderate [] 3 – Severe [] 4 – Very Severe

Epworth Sleepiness Scale

Please rate your chances of falling asleep or dozing in the following situations:

Situation				
Sitting and reading	[]never	[]slight	[]moderate	[]high
Watching television	[]never	[]slight	[]moderate	[]high
Sitting inactive in a public place (movie or meeting)	[]never	[]slight	[]moderate	[]high
As a passenger in a car for an hour without a break	[]never	[]slight	[]moderate	[]high
Lying down to rest in the afternoon	[]never	[]slight	[]moderate	[]high
Sitting and talking to someone	[]never	[]slight	[]moderate	[]high
Sitting quietly after lunch (without alcohol)	[]never	[]slight	[]moderate	[]high
In a car, while stopped in traffic	[]never	[]slight	[]moderate	[]high