

**Restless Leg Syndrome
(Patient Self-Report Version)**

Name _____
(Please Print)

Date _____

1. Have you ever had “growing pains”? (Check One)

_____ Never _____ Occasionally _____ Sometimes _____ Frequently _____ only in the past
(less than 1x per month) (1-2 months) (1-2x/week to daily)

2. Do you have uncomfortable or funny feelings (creeping, crawling, tingling) in your legs? (Check one)

_____ Never _____ Occasionally _____ Sometimes _____ Frequently _____ only in the past
(less than 1x per month) (1-2 months) (1-2x/week to daily)

3. Do you ever:

	YES	NO	DON'T KNOW
A. Notice funny feelings in our legs (or do they seem worse) when lying down or sitting?	_____	_____	_____
B. Have partial relief with movement (wiggling feet, toes, or walking)?	_____	_____	_____
C. Notice that the feeling is worse at night?	_____	_____	_____
D. Have a lot of fidgeting or wiggling of your feet or toes when sitting or lying down?	_____	_____	_____
E. Have repeated jerking movements in toes or legs or the whole body while sleeping?	_____	_____	_____