

# Cambridge- Hopkins Restless Legs Syndrome

## Short Form 2 DIAGNOSTIC QUESTIONNAIRE (RLS-SFDQ13)

Answer the questions as completely as you can. Please **circle** the one best answer to each question thus:

|   |               |
|---|---------------|
| 1. Do you have, or have you had, recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down? | • Yes<br>• No |
| 2. Do you, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?                      | • Yes<br>• No |

If you answered YES to either question 1 or 2 continue Question 3. If you answered NO to BOTH stop here

### The following is about these feelings

|  |   |
|--|---|
| 3. Are you more likely to have these feelings when you are resting (either sitting or lying down) or when you are physically active? | <input type="checkbox"/> Resting<br><input type="checkbox"/> Active   |
| 4. Do these feelings usually <i>start</i> when you are resting (either sitting or lying down)?                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 5. If you get up or move around when you have these feelings do these feelings get any better while you actually keep moving?        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Don't know   |
| 6. Which times of day are these feelings in your legs <b>most</b> likely to occur?<br>(Please circle one or more than one)           | <input type="checkbox"/> Morning <input type="checkbox"/> Mid-day<br><input type="checkbox"/> Afternoon <input type="checkbox"/> Evening<br><input type="checkbox"/> Night<br><input type="checkbox"/> About equal at all times |
| 7. Which times of day are these feelings in your legs <b>least</b> likely to occur? (Please circle one or more than one)             | <input type="checkbox"/> Morning <input type="checkbox"/> Mid-day<br><input type="checkbox"/> Afternoon <input type="checkbox"/> Evening<br><input type="checkbox"/> Night<br><input type="checkbox"/> About equal at all times |
| 8. Will simply changing leg position by itself <i>once</i> without continuing to move usually relieve these feelings?                | <input type="checkbox"/> Usually relieves<br><input type="checkbox"/> Does <i>not</i> usually relieve<br><input type="checkbox"/> Don't know  |

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|--|--|
| 9. Are these feelings <i>ever</i> due to muscle cramps?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Don't know  |
| 9b. If so, are they <i>always</i> due to muscle cramps?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Don't know  |
| 10. Do these feelings occur <i>only</i> when sitting or only when lying down?  | <input type="checkbox"/> Neither<br><input type="checkbox"/> Only when sitting<br><input type="checkbox"/> Only when lying down<br><input type="checkbox"/> Both when sitting and when lying down.   |
| 11. When you actually experience the feelings in your legs, how <i>distressing</i> are they?                         | <input type="checkbox"/> Not at all distressing<br><input type="checkbox"/> A little bit<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Extremely distressing  |
| 12. In the past 12 months, how often did you experience these feelings in your legs? (please circle only one answer) | <input type="checkbox"/> Every day<br><input type="checkbox"/> 4-5 days per wk<br><input type="checkbox"/> 2-3 days per wk<br><input type="checkbox"/> 1 day per wk<br><input type="checkbox"/> 2 days per month<br><input type="checkbox"/> 1 day per month or less<br><input type="checkbox"/> Never |
| 13. Approximately how old were you when you first noticed these feelings in your legs?(please write age)             | <input type="text"/> <input type="text"/> Yrs  |