

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?	<input type="radio"/> Yes <input type="radio"/> No
2. Do you, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?	<input type="radio"/> Yes <input type="radio"/> 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 <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 <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 <input type="checkbox"/> Don't know
6. Which times of day are these feelings in your legs most likely to occur? (Please circle one or more than one)	<input type="checkbox"/> Morning <input type="checkbox"/> Mid-day <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> About equal at all times
7. Which times of day are these feelings in your legs least likely to occur? (Please circle one or more than one)	<input type="checkbox"/> Morning <input type="checkbox"/> Mid-day <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night <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 <input type="checkbox"/> Does <i>not</i> usually relieve <input type="checkbox"/> Don't know

9. Are these feelings <i>ever</i> due to muscle cramps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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 <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 <input type="checkbox"/> Only when sitting <input type="checkbox"/> Only when lying down <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 <input type="checkbox"/> A little bit <input type="checkbox"/> Moderately <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 <input type="checkbox"/> 4-5 days per wk <input type="checkbox"/> 2-3 days per wk <input type="checkbox"/> 1 day per wk <input type="checkbox"/> 2 days per month <input type="checkbox"/> 1 day per month or less <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