



**Sleep Disorders Center**  
OF SW FLORIDA  
Dedicated to the Treatment of Sleep and Pulmonary Disorders

**International Restless Legs Syndrome Study Group Rating Scale**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Have the patient rate his/her symptoms for the following ten questions. The patient and not the examiner should make the ratings, but the examiner should be available to clarify any misunderstandings the patient may have about the questions. Either the examiner or the patient may mark the answers on the form.

1. 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. 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. Overall, how much relief of your RLS arm or leg discomfort do you get from moving around?  
(0) No RLS symptoms and therefore question does not apply  
(1) Either complete or almost complete relief (2) Moderate relief (3) Slight relief (4) No relief
4. Overall, how severe is your sleep disturbance from your RLS symptoms?  
(0) None (1) Mild (2) Moderate (3) Severe (4) Very severe
5. How severe is your tiredness or sleepiness from your RLS symptoms?  
(0) None (1) Mild (2) Moderate (3) Severe (4) Very severe
6. Overall, how severe is your RLS as a whole?  
(0) None (1) Mild (2) Moderate (3) Severe (4) Very severe
7. How often do you get RLS symptoms?  
(0) None  
(1) Mild (This means 1 day a week or less.)  
(2) Moderate (This means 2 to 3 days a week.)  
(3) Severe (This means 4 to 5 days a week.)  
(4) Very severe (This means 6 to 7 days a week)
8. When you have RLS symptoms, how severe are they on an average day?  
(0) None  
(1) Mild (This means less than 1 hour per 24 hour day.)  
(2) Moderate (This means 1 to 3 hours per 24 hour day.)  
(3) Severe (This means 3 to 8 hours per 24 hour day.)  
(4) Very severe (This means 8 hours per 24 hour day or more.)



**Sleep Disorders Center**  
OF SW FLORIDA  
Dedicated to the Treatment of Sleep and Pulmonary Disorders

9. Overall, how severe is 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?  
(0) None (1) Mild (2) Moderate (3) Severe (4) Very severe

10. How severe is your mood disturbance from your RLS symptoms-for example angry, depressed, sad, anxious, or irritable?  
(0) None (1) Mild (2) Moderate (3) Severe (4) Very severe

Very severe	31-40 points
Severe	21-30 points
Moderate	11-20 points
Mild	1-10 points
None	0 points

**Reference:** The International Restless Legs Syndrome Study Group. Validation of the International Restless Legs Syndrome Study Group Rating Scale for restless legs syndrome. *Sleep Med* 2003; 4(2):121-132.