

## Cambridge-Hopkins Restless Legs Syndrome DIAGNOSTIC QUESTIONNAIRE

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?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
2. Do you, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

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. Would you describe these feelings and the feeling of an urge to move the leg as usually:	<ul style="list-style-type: none"> <li>• More painful than uncomfortable</li> <li>• Uncomfortable, but not really painful</li> <li>• Both painful and uncomfortable</li> </ul>
4. Are you more likely to have these feelings when you are resting (either sitting or lying down) or when you are physically active?	<ul style="list-style-type: none"> <li>• Resting</li> <li>• Active</li> </ul>
5. Do these feelings usually <i>start</i> when you are resting (either sitting or lying down)?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6. 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
7. Do you sometimes get up or move around for no other reason than because you have these feelings in your legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
8. Do these feelings ever become overwhelming to the point that you cannot resist moving?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
9. When you are awake and having these feelings, how often do you find your legs move or jump on their own without you making them move?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Almost always <input type="checkbox"/> Always
10a. Which times of day are these feelings in your legs <b>most</b> 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
10b. 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 <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> About equal at all times
11. Will simply changing leg position by itself <i>once</i> without continuing to move usually relieve these feelings?	<ul style="list-style-type: none"> <li>• Usually relieves</li> <li><input type="checkbox"/> Does <i>not</i> usually relieve</li> <li>• Don't know</li> </ul>

12a. Are these feelings <i>ever</i> due to muscle cramps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
12b. 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
13. Do these feelings occur <i>only</i> when sitting or only when lying down?	<ul style="list-style-type: none"> <li>• Neither</li> <li>• Only when sitting</li> <li>• Only when lying down</li> <li>• Both when sitting and when lying down.</li> </ul>
14. When you actually experience the feelings in your legs, how <i>distressing</i> are they?	<ul style="list-style-type: none"> <li>• Not at all distressing</li> <li>• A little bit</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Extremely distressing</li> </ul>
15. Are these feelings worse at night or in the evening than at other times of the day?	<ul style="list-style-type: none"> <li>• Worse in Evening/ Night</li> <li>• Worse at other times</li> <li>• No Difference.</li> </ul>
16. In the past 12 months, how often did you experience these feelings in your legs? (please circle only one answer)	<ul style="list-style-type: none"> <li>• Every day</li> <li>• 4-5 days per wk</li> <li>• 2-3 days per wk</li> <li>• 1 day per wk</li> <li>• 2 days per month</li> <li>• 1 day per month or less</li> <li>• Never</li> </ul>
17. And a year ago, how often did you usually experience these feelings? (please circle only one answer)	<ul style="list-style-type: none"> <li>• Every day</li> <li>• 4-5 days per wk</li> <li>• 2-3 days per wk</li> <li>• 1 day per wk</li> <li>• 2 days per month</li> <li>• 1 day per month or less</li> <li>• Never</li> </ul>
18. And Five years ago, how often did you usually experience these feelings in your legs?	<ul style="list-style-type: none"> <li>• Every day</li> <li>• 4-5 days per wk</li> <li>• 2-3 days per wk</li> <li>• 1 day per wk</li> <li>• 2 days per month</li> <li>• 1 day per month or less</li> <li>• Never</li> </ul>
19. Approximately how old were you when you first noticed these feelings in your legs?( <i>please write age</i> )	<input type="text"/> <input type="text"/> Yrs

Now we'd like to ask you about your blood relatives and whether they experience these feelings in their legs.

Please **write in the number that do and do not** have these feelings, and the **number for whom you don't know** whether they have these feelings. If you do not have children or siblings, please indicate so.

20. Thinking about your own children, how many of these children do you think have similar feelings in their legs? Please circle here if you do not have children <input type="checkbox"/>	<input type="checkbox"/> Do have these feelings <input type="checkbox"/> Don't have these feelings <input type="checkbox"/> Don't Know
21. Thinking about your brothers and sisters, how many of these have similar feelings in their legs? Please circle here if you do not have a brother or sister <input type="checkbox"/>	<input type="checkbox"/> Do have these feelings <input type="checkbox"/> Don't have these feelings <input type="checkbox"/> Don't Know
22a. Did or does your biological mother have these feelings in her legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
22b. Did or does your biological father have these feelings in his legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know