

The Hopkins-Hening RLS  
Diagnostic Interview

Subject Name: \_\_\_\_\_ ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Final Diagnosis:**

Definite RLS;	Probable RLS;	Possible RLS;
Secondary Definite;	Secondary Possible;	Cause: _____
Not-RLS;	Diagnosis Unknown	

Circle if subject reports growing pains:    \_\_\_ Yes    \_\_\_ No

**General Note** – The final standard for answering questions is the judgment of the interviewer. As a result, answers may be revised if later questions make it clear that an earlier answer was inaccurate. When revising answers, document why this was done (e.g. questions on sleep indicate there are leg discomforts, etc.). If an interviewee mentions multiple different feelings, be clear which is indicated by any given answer. Remember, to be diagnosed with RLS, all relevant criteria must be satisfied by a single feeling. Where it is not indicated to skip ahead, continue the interview with the next question.

Revised 17mar2008

1. Have you ever had unpleasant or uncomfortable feelings in your legs that occurred mainly while you were either sitting or lying down?

Yes No


If NO, go to 3

2. Are these feelings painful rather than just uncomfortable?

Yes No

3. Have you ever felt the need or urge to move your legs that occurred mainly while you were sitting or lying down?

Yes No

If NO to both questions #1 and #3, go to #15. 

3a. Do both the urge to move and the unpleasant sensations occur at the same time?

Yes No

If NO, there may be two different symptoms and this should be explored and clarified. Remember – all criteria must be satisfied by a single symptom.

3b) How would you describe these feelings or sensations?

---

---

3c. Do these feelings in your legs ever become overwhelming to the point that you cannot resist moving your legs?

Yes No

3d. How would you feel if you developed this feeling and were in a situation where you couldn't move? (Note: Can Give Examples)

---

---

3e. Do these feelings only occur when your legs are in specific positions, such as crossed or bent a particular way?

Yes No

If YES, explain \_\_\_\_\_

3f. When you have these feelings, how long do they last before they have gone away so that you can sit or lie down for an hour or more without having the feelings?

Subject Identifier \_\_\_\_\_

This means that the person does not have to continue moving to relieve the feelings.

---

If answer is 5 minutes or less, explain how consistent with RLS

4. Have you ever experienced a muscle cramp in the legs?

Yes

No

If YES, go to 4a

If NO, go to 5

4a. Were these feelings you described earlier muscle cramps in the legs?

Yes

No

If YES, go to 4b

If NO, go to 5

4b. Were the feelings you described earlier always muscle cramps in the legs?

Yes

No

If YES, Conclude the interview, subject is NOT RLS

If NO, continue or revisit 1 and 3

If NO, the subject has two different feelings – a cramp is one and something else is the other – since cramps are not RLS, you need to go back to 1 and be sure and indicate that all answers correspond to this other feeling.

5. If you had these feelings and you got up to walk -- while you are actually walking around, do you get any relief from these feelings?

The answer to this question does not require complete relief, but only some relief.

NOTE: If any suspicion of confusion, indicate that this is before sitting or lying down again.

Yes

No

Don't Know

5a. If you move your legs, do you get any relief from these feelings, even temporarily?

Yes

No

Subject Identifier \_\_\_\_\_

5b. What do you do to get relief from these feelings (this question is to be answered by behaviors and not by medications taken)?

\_\_\_\_\_  
\_\_\_\_\_

5c. If you move your leg once to a new position, but don't continue to move or do anything else, will that single change of position be enough to relieve the feelings?

Yes No

If YES, explain \_\_\_\_\_

6. Do these feelings ever start when you are walking?

Yes No

If YES, explain \_\_\_\_\_

7. Do these feelings occur more often when you are sitting or more often when you are lying down?

More sitting \_\_\_\_\_ About the same \_\_\_\_\_ More lying \_\_\_\_\_

- If more **sitting** – GO TO 7a
- If more **lying or about the same** – GO TO 8

7a. Would it be true to say that you have these feelings almost exclusively when you are sitting? That is, do these feelings occur 90% or more of the time they occur when you are sitting?

Yes No

7b. Do these feelings ever occur while you are lying down?

Yes No

8. Are these feelings in your legs **worse at night or in the evening** than other times of the day?

Yes No

\* Note: Ask **8a only** if **8** is **NO** and symptoms are severe, daily, and consistent with RLS.

8a. Was there ever a time in your life when these feelings were worse at night than other times of the day?

Yes No

Subject Identifier \_\_\_\_\_

9. Approximately, how old were you when you first noticed these feelings in your legs?

\_\_\_\_\_ years old

10. Are you presently on medication for these feelings?

Yes

No

If YES, go to 10a.

If NO, go to 11

10a. Please respond to the following questions the way you think you would be if you were **not** on any treatment at this time.

10b. Please respond to the following questions for the period of time during which you had these feelings.

**\*\* Note to interviewer:** Select tense appropriate to patient's symptoms: either present or past

11. How many days in the month do (did) you have these feelings? \_\_\_\_\_

11a. For how many years has it been occurring (did it occur) at least this frequently?

\_\_\_\_\_

11b. At what time of day do (did) these feelings **usually** start?

\_\_\_\_\_ during sleep

\_\_\_\_\_ at bedtime

\_\_\_\_\_ after 6 p.m., but before bedtime

\_\_\_\_\_ before 6 p.m.

\_\_\_\_\_ before noon

**Note to interviewer:** The answers to questions 13 and 14 should reflect the interviewer's judgment that the medications or medical problems detailed are at least possibly the cause of the RLS symptoms. Enough information should be entered to allow a reviewer to determine if this judgment is correct, especially the time course of the medication use or medical problem.

12. Are you aware of any medications or medical problems which might be causing (have caused) these feelings? (Answer YES indicates interviewer believes problem has caused RLS)

Subject Identifier \_\_\_\_\_

Yes      No

12a. **(If yes)** What is the medication or medical problem?

\_\_\_\_\_

For all medical problems, identify when they started, before or after the feelings began, and whether they have continued while the feelings continued.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do the sensations in your legs disrupt your sleep or cause you to loss sleep?

Yes              No

Subject Identifier \_\_\_\_\_