



RLS Patient Sleep Diary

To be completed
after waking up for the day
and just before bedtime

SLEEP DIARY

A good first step in determining if you have restless legs syndrome is to keep a sleep diary to identify specific problem areas. The RLS Patient Sleep Diary takes only a few minutes each day to complete. In the diary, note the management of RLS, the time you spend napping during the day, your RLS symptoms, and the triggers that may cause your sleepless nights.

By keeping track of this information in a sleep diary for at least 7-14 consecutive days, you may discover similarities or patterns to discuss with your health-care provider. Feel free to tear this sleep diary out and make photocopies of it in order to create a detailed diary.

Name: _____

Address: _____

Phone: _____

Email: _____

FACTS

- A survey released in 2005 shows that RLS remains unknown and misunderstood by the general public despite the fact that the condition is more prevalent in the United States than some more commonly recognized conditions like diabetes.
- Restless legs syndrome (RLS) is a disruptive neurologic disorder that affects approximately 10% of the population.
- Women are almost one and a half times more likely to have RLS than men.

WHAT DO I DO IF I THINK I HAVE RLS?

If you think you have restless legs syndrome, it is important that you schedule an appointment with your healthcare provider. If your provider is unfamiliar with RLS, log on to the Restless Legs Syndrome Foundation's website at www.rls.org to access our Healthcare Provider Directory. These are doctors who have expressed interest in treating patients who have or think they may have RLS.

Before you go in to see your doctor, spend some time completing the sleep diary which you can tear out of this brochure. In addition, make sure you have a list of all medications you are currently taking. Also, consider bringing a friend, spouse, or other family member with you to the appointment so that there is another listening ear to help you retain information that you get from your doctor.

Use the space below to list any questions you have for your doctor before your appointment.

Questions for my doctor:

1. _____
2. _____
3. _____
4. _____
5. _____

WHAT ARE THE PRIMARY FEATURES OF RLS?

In order for you to be officially diagnosed with RLS, you must meet the criteria described in the four bullets below:

- You have a strong urge to move your legs which you can't really resist. The need to move is often accompanied by uncomfortable sensations. Some words used to describe these sensations include: *creeping, itching, pulling, creepy-crawly, tugging, or gnawing.*
- Your RLS symptoms start or become worse when you are resting. The longer you are resting, the greater the chance the symptoms will occur and the more severe they are likely to be.
- Your RLS symptoms get better when you move your legs. The relief can be complete or only partial but generally starts very soon after starting an activity. Relief persists as long as the motor activity continues.
- Your RLS symptoms are worse in the evening especially when you are lying down. Activities that bother you at night do not bother you during the day.

WHAT OTHER SYMPTOMS

MIGHT I EXPERIENCE IF I HAVE RLS?

RLS can cause difficulty in falling or staying asleep which can be one of the chief complaints of the syndrome. A substantial number of people who have RLS also have periodic limb movements of sleep (PLMS). These are jerks that occur every 20 to 30 seconds on and off throughout the night. This can cause partial awakenings that disrupt sleep. Sleep deprivation can seriously impact your work, relationships, and health.

DO ONLY OLDER PEOPLE GET RLS?

While RLS is most often diagnosed in middle-aged individuals, RLS affects people of all ages. However, people can usually trace their symptoms back to their childhood. They often remember hearing things like, "Those are growing pains" or "quit wiggling so much."

WHAT CAUSES RLS?

Extensive research into the cause of RLS is occurring worldwide. A single unifying cause has not been identified, but we are getting closer.

Here is what we know:

- RLS often runs in families. This is called primary or familial RLS. Researchers are currently looking for the gene or genes that cause RLS.
- RLS sometimes appears to be a result of another condition, which, when present, worsens the underlying RLS. This is called secondary RLS.
- Up to 25% of women develop RLS during pregnancy, but symptoms often disappear after giving birth.
- Anemia and low iron levels frequently contribute to a worsening of RLS.
- RLS is very common in patients who require dialysis for end-stage renal disease.
- Damage to the nerves of the hands or feet (i.e., peripheral neuropathy) from any number of causes, including diabetes, contributes to RLS.
- Attention Deficit Disorder (ADD) is common in children and adults with RLS.

HOW DO DOCTORS DIAGNOSE RLS?

Your doctor should:

- Listen to a description of your symptoms.
- Complete a diagnostic interview checking for symptoms highlighted on the previous page.
- Review your medical history.
- Complete a thorough physical exam.
- Rule out conditions that may be confused with RLS.

Your doctor might:

- Check your iron (ferritin) levels.
- Ask you to stay overnight in a sleep study lab to determine other causes of your sleep disturbance.

Currently, there are no lab tests available to confirm or deny the presence of RLS.

RESTLESS LEGS SYNDROME FOUNDATION PATIENT SLEEP DIARY

<i>To be completed after waking up for the day:</i>	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<i>Today's date:</i>							
<i>I woke up today at what time?</i>							
<i>I went to bed last night at what time?</i>							
<i>I woke up how many times during the night, if any?</i>							
<i>I slept how many hours last night?</i>							
<i>To be completed just before your bedtime:</i>							
<i>Today I experienced my RLS symptoms at what time(s)?</i>							
<i>From 1 to 5 (5 being the worst), my symptoms were how severe?</i>							
<i>My major stresses today were:</i>							
<i>I consumed any of these substances during the day: (include the time that you consumed each item)</i>	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)	<input type="radio"/> Caffeine <input type="radio"/> Alcohol <input type="radio"/> Tobacco products <input type="radio"/> Over the counter medications <input type="radio"/> Other (please list)
	<i>Times:</i>	<i>Times:</i>	<i>Times:</i>	<i>Times:</i>	<i>Times:</i>	<i>Times:</i>	<i>Times:</i>
<i>I exercised today for how long?</i>							
<i>Additional comments:</i>							