The RLS Symptom Diary is a tool to track your daily activities, RLS symptoms and sleep patterns.

- Use the table on the back of this page to keep a diary for two weeks.
- Once you have completed the diary, then complete this page, which summarizes the information you’ve collected.
- After completing both pages, review them with your healthcare provider to help identify patterns or triggers that may contribute to sleepless nights and RLS symptoms.

Name: ____________________________________________   Today’s Date: ________________________

1) Number of days I completed my RLS Symptom Diary:
   - □ 1 day   □ 2-3 days   □ 4-7 days   □ 1-2 weeks   □ 2+ weeks

2) The RLS symptoms I recorded most frequently can best be described as (check all that apply):
   - □ painful   □ creeping   □ crawling   □ aching   □ pulling   □ tugging   □ pins & needles   □ other ________________

3) On average, I experienced my symptoms at what time(s) each day:
   - □ early morning   □ midmorning   □ midday   □ afternoon   □ evening   □ night   □ late night

4) On average, I slept how many hours each night:
   - □ less than 2   □ 2   □ 3   □ 4   □ 5   □ 6   □ 7   □ 8+

5) On average, I exercised how long each day:
   - □ 0-15 mins   □ 15-30 mins   □ 30-60 mins   □ 60+ mins

6) When I exercised (versus when I didn’t exercise) my symptoms were:
   - □ better   □ worse

7) When I moved around (versus when I didn’t move around) my symptoms were:
   - □ better   □ worse

8) I consumed the following substances while keeping my RLS Symptom Diary:
   - □ caffeine   □ alcohol   □ tobacco products   □ over-the-counter medication   □ prescription medication
   List all medications: ____________________________________________________________________________

9) On average, on a scale from 1-5 (with 5 being the worst) my symptoms were how severe:
   - □ 1   □ 2   □ 3   □ 4   □ 5

Questions for my healthcare provider:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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### Times:

- **Caffeine**
- **Alcohol**
- **Tobacco products**
- **Over-the-counter medications**
- **Other (please list)**

**To be completed after waking up for the day:**

- **Date:**
  - I woke up today at what time?
  - I went to bed last night at what time?
  - I woke up how many times during the night, if any?
  - I slept how many hours last night?

**To be completed just before your bedtime:**

- Today I experienced my RLS symptoms at what time(s)?
- From 1 to 5 (5 being the worst), my symptoms were how severe?
- I consumed any of these substances during the day? (include the time that you consumed each item)
- I exercised for how many minutes today?

**Additional comments:**
- My major stresses today were:

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**RLS SYMPTOM DIARY HANDOUT 1**

**12/20/17 1:40 PM  Page 2**