

Use this page to summarize the experiences you've noted in your RLS Symptom Diary. After filling in your RLS Symptom Diary complete this summary page and review 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 mid morning mid day 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:
