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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Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7
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To be completed just before your bedtime:

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? [ ]

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? [ ]

To be completed just before your bedtime:

My major stresses today were: [ ]

Additional comments: [ ]

Resilient Leg Syndrome Symptom Patient Diary