RLS Symptom Diary

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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RESTLESS LEGS SYNDROME FOUNDATION PATIENT SYMPTOM DIARY

To be completed after waking up for the day:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
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)?	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night	❍ early morning ❍ midmorning ❍ midday ❍ afternoon ❍ evening ❍ night ❍ late night
From 1 to 5 (5 being the worst), my symptoms were how severe?							
My major stresses today were:							
I consumed any of these substances during the day: (include the time that you consumed each item)	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:	❍ Caffeine ❍ Alcohol ❍ Tobacco products ❍ Over-the-counter medications ❍ Other (please list) Times:
I exercised for how many minutes today?							
Additional comments:							