

Use this page to summarize the experiences you've noted in your RLS Symptom Diary. After filling in your RLS Symptom Diary for two weeks, complete this summary page and review a copy 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:**

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