

Serpe Chiropractic Center, SC 651 Amersale Drive, Naperville, IL 60563 / (630) 357-2299

Full name: \_\_\_\_\_

Date \_\_\_\_\_

This questionnaire asks you about the intensity of symptoms in legs and feet you may experience. Please provide answers based upon your experience of the symptoms in legs and feet over the period of the past week only. Thank you for helping.

1. How would you rate the discomfort in your legs?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

2. How would you rate the need to move around your leg symptoms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

3. How much relief of your leg discomfort did you get from moving around?

- (4) No relief
- (3) Mild relief
- (2) Moderate relief
- (1) Either complete or almost complete relief
- (0) No RLS symptoms to be relieved

4. How severe was your sleep disturbance due to your leg symptoms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

5. How severe was your tiredness or sleepiness during the day due to you leg symptoms?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

6. How severe was your leg symptoms as a whole?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

7. How often did you get leg symptoms?

- (4) Very often`6 to 7 days in 1 week)
- (3) Often (4 to 5 days in 1 week)
- (2) Sometimes (2 to 3 days in 1 week)
- (1) Occasionally (1 day in 1 week)
- (0) Never In the past week...

8. When you had leg symptoms, how severe were they on average?

- (4) Very severe (8 hours or more per 24 hour)
- (3) Severe (3 to 8 hours per 24 hour)
- (2) Moderate (1 to 3 hours per 24 hour)
- (1) Mild (less than 1 hour per 24 hour)
- (0) None In the past week...

9. Overall, how severe was the impact of your leg symptoms on your ability to carry out your daily affairs, for example carrying out a satisfactory family, home, social, school or work life?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

10. How severe was your mood disturbance due to your leg symptoms – for example angry, depressed, sad, anxious or irritable?

- (4) Very severe
- (3) Severe
- (2) Moderate
- (1) Mild
- (0) None in the past week

Thank you for completing this questionnaire