



RLS SYMPTOM DIARY SUMMARY PAGE

Use this document to summarize the experiences you've noted in your RLS Symptom Diary to share with your health care professional. After filling in your RLS Symptom Diary for about two weeks, print out and complete this summary page and review it with your health care professional to help identify patterns and triggers that may contribute to your sleepless nights and RLS symptoms. You may want to make a copy of your completed page so both you and your health care professional can keep a copy.

NAME: _____ TODAY'S DATE: _____

▶ Number of days I completed my RLS Symptom Diary:

- 1 day 2-3 days 4-7 days 1-2 weeks 2 weeks +

▶ The RLS symptoms I recorded most frequently can best be described as (check all that apply):

- painful creeping crawling aching pulling
 tugging pins & needles itchy bones

▶ On average, I experienced my symptoms at what time(s) each day:

- early morning mid morning mid day afternoon evening
 night late night

▶ On average, I slept how many hours each night: less than 2 2 3 4 5 6 7 8+

▶ On average, I exercised how long each day: 0-15 mins 15-30 mins 30-60 mins 60 mins+

▶ When I exercised (versus when I didn't exercise) my symptoms were: better worse

▶ When I moved around (versus when I didn't move around) my symptoms were: better worse

▶ I consumed the following substances while keeping my RLS Symptom Diary:

- caffeine alcohol tobacco products over the counter medication/prescription

▶ 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 health care professional: _____