

Assess the Severity of Restless Legs Syndrome

USING THE INTERNATIONAL RLS (IRLS) RATING SCALE

The IRLS Rating Scale was developed by the **International Restless Legs Syndrome Study Group (IRLSSG)** to assess the severity of a patient's RLS symptoms.¹ Ask your patient the 10 questions listed below and have them rate their symptoms from 0 to 4. Mark each answer and total their IRLS score. It will range from 0 to 40.

The IRLS Rating Scale was validated in a controlled study and found to have high levels of internal consistency, interexaminer reliability, and test-retest reliability.¹ The IRLSSG is an organization of professionals committed to advancing basic and clinical research on RLS. To learn more about the group, visit www.irlssg.org.

In the past week:

Score

Overall, how would you rate the RLS discomfort in your legs or arms?

4 Very severe 3 Severe 2 Moderate 1 Mild 0 None

Overall, how would you rate the need to move around because of your RLS symptoms?

4 Very severe 3 Severe 2 Moderate 1 Mild 0 None

Overall, how much relief of your RLS arm or 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

How severe was your sleep disturbance from your RLS symptoms?

4 Very severe 3 Severe 2 Moderate 1 Mild 0 None

How severe was your tiredness or sleepiness during the day due to your RLS symptoms?

4 Very severe 3 Severe 2 Moderate 1 Mild 0 None

How severe was your RLS as a whole?

4 Very severe 3 Severe 2 Moderate 1 Mild 0 None

How often did you get RLS symptoms?

4 Very often (6–7 days in 1 week). 3 Often (4–5 days in 1 week). 2 Sometimes (2–3 days in 1 week). 1 Occasionally (1 day in 1 week). 0 Never

When you had RLS symptoms, how severe were they on average?

4 Very severe (8 h or more per 24 h) 3 Severe (3–8 h per 24 h) 2 Moderate (1–3 h per 24 h) 1 Mild (less than 1 h per 24 h) 0 None

Overall, how severe was the impact of your RLS 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

How severe was your mood disturbance from your RLS symptoms—for example angry, depressed, sad, anxious, or irritable?

4 Very severe 3 Severe 2 Moderate 1 Mild 0 None

Add the scores from above and share the total with your patient.

Mild 0 to 10

Moderate 11 to 20

Severe 21 to 30

Very Severe 31 to 40

Total Score

0 10 20 30 40

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Reference: 1. The International Restless Legs Syndrome Study Group. Validation of the International Restless Legs Syndrome Study Group Rating Scale for Restless Legs Syndrome. *Sleep Med.* 2003;4(2):121-132.

