International Restless Legs Syndrome Study Group Rating Scale

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Purpose Developed as a tool for assessing the severity Restless Legs Syndrome (RLS), the 10-item questionnaire asks respondents to use Likert-type ratings to indicate how acutely the disorder has affected them over the course of the past week. Questions can be divided into one of two categories: disorder symptoms (nature, intensity, and frequency) and their impact (sleep issues, disturbances in daily functioning, and resultant changes in mood).

Population for Testing The instrument has been validated with a sample of RLS patients aged 22–91.

Administration A self-report, pencil-and paper instrument, the scale requires approximately 5–10 min for completion.

Reliability and Validity A large psychometric study conducted by Walters and colleagues [1] found an internal consistency ranging from .93 to .95, an inter-rater reliability of .93 to .97, a test–retest reliability of .87, a concurrent validity of .78 to .84, and a correlation of about .73 with the diagnostic judgments of a clinician.

Obtaining a Copy An example can be found in the developers' original published article [1]. However, the scale is under copyright.

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Scoring Each of the ten questions requires respondents to rate their experiences with RLS on a scale from 0 to 4, with 4 representing the most severe and frequent symptoms and 0 representing the least. Total scores can range from 0 to 40. As a brief scale with excellent psychometric qualities, the instrument may be suitable for a variety of research and clinical purposes, including screening and assessment of treatment outcomes.

International Restless Legs Syndrome Study Group Rating Scale (IRLS)

(Investigator Version 2.2)

Have the patient rate his/her symptoms for the following ten questions. The patient and not the examiner should make the ratings, but the examiner should be available to clarify any misunderstandings the patient may have about the questions. The examiner should mark the patient's answers on the form.

In the past week ...

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

- ⁴ Very severe
- ³ Severe
- ² Moderate
- $^{1}\square$ Mild
- ⁰□ None

y matchine need to move around because of your RLS symptome? In the past week ... (2) Overall, how would y ⁴□ Very severe ³ Severe □ Moderate \square Mild ⁰ None

In the past week ...

(3) 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

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In the past week ...

(4) How severe was your sleep disturbance due to your RLS 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 your RLS symptoms?
- In the past week... Review Copy (6) How severe was your RES as a whole (6) How severe was your RES as a whole (7) Very severe (7) Severe

- ² Moderate
- ¹ Mild ⁰□ None

In the past week ...

(7) How often did you get RLS symptoms?

- ⁴ Very often (This means 6 to 7 days a week)
- ³ Often (This means 4 to 5 days a week)
- ² \square Sometimes (This means 2 to 3 days a week)
- ¹ Occasionally (This means 1 day a week)
- ⁰ Never

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In the past week ...

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

- ⁴ Very severe (This means 8 hours or more per 24 hour day)
- ³ Severe (This means 3 to 8 hours per 24 hour day)
- ² \square Moderate (This means 1 to 3 hours per 24 hour day)
- ¹ \square Mild (This means less than 1 hour per 24 hour day)
- ⁰ None

In the past week ...

(9) Overall, how severe was the impact of your RLS symptoms on your ability to carry out Review Copy se without permission your daily affairs, for example carrying out a satisfactory family, home, social, school or work life?

- ⁴ Very severe
- ³ Severe
- ² Moderate
- $^{1}\square$ Mild
- ⁰□ None

In the past week...

(10) How severe was your mood disturbance due to your RLS symptoms - for example angry, depressed, sad, anxious or irritable?

- ⁴□ Very severe
- ³ Severe
- ² Moderate
- ¹ Mild
- ⁰□ None

The sum of the item scores serves as the global score for the scale. Higher scores indicate more impairment /higher severity

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International Restless Legs Syndrome Study Group Rating Scale (IRLS)



SCALING AND SCORING OF THE

'International Restless Legs Syndrome Study Group Rating Scale' (IRLS)

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Version 1: January 2008

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International Restless Legs Syndrome Study Group Rating Scale (IRLS)



The IRLS is composed of 10 items.

It gives a global score for all 10 items that is most commonly used as an overall severity score. 9 of the 10 items investigate two dimensions of the RLS severity.

DESCRIPTION OF THE QUESTIONNAIRE:

Dimensions	Number of Items	Cluster of Items	Item Reversion	Direction of Dimensions
Symptoms	6	1, 2, 4, 6, 7 and 8	No	Higher score = Higher severity
Symptoms impact	3	5, 9 and 10	No	Higher score = Higher impact

Item 3 is part of the diagnostic criteria and does not belong to any of the two dimensions. It is used for the total score for overall RLS severity.

SCORING OF DIMENSIONS:

Item scaling	5-point Likert scale from 0 "None" to 4 "very severe"			
Weighting of Items	No			
Extension of the Scoring Scale	Symptom severity subscale: 0-24 Impact on daily living subscale: 0-12 Global score: 0-40			
Scoring Procedure	The score of each subscale is calculated by summing the scores of all items of the subscale The global score is obtained by summing all the 10 items scores			
Interpretation and Analysis of missing data	All 10 items should be completed to calculate the global score For the symptoms subscale, all six items should be completed to calculate the subscale score For the symptoms impact subscale, all three items should be completed to calculate the subscale score			
Interpretation and Analysis of 'non- concerned' answers	Not applicable for this questionnaire. Subjects should not be administered the scale unless they meet the 4 IRLSSG criteria for Restless Legs Syndrome			

^{*} This scale should be read to the patient by a trained staff member with the patient looking at the questions and providing a verbal answer. The staff member and not the patient records the patient's answer. In this situation there should be no missing items. If missing items occur the staff member failed to properly administer the scale and the results should probably not be accepted. Pro-rating for missing answers should not be needed for this scale.

Version 1: January 2008





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Representative Studies Using Scale

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