



Patient Guide

Assessment of leg movements in the home

We have been asked to study your leg movements on 3 consecutive nights. Please continue to use any prescribed medication and keep to your usual routines.

WE HAVE PROGRAMMED THE MOVEMENT DETECTORS WHICH WILL ONLY WORK ON:

Day 1: Date:

Day 2: Date:

Day 3: Date:

If you are unable to use the devices on these nights please return them to us in the envelope provided with a simple note of explanation.

Enclosed with this booklet are:

- ✓ Two detectors in a padded envelope, cotton wool, tape, and alcohol wipes
- ✓ A self addressed envelope for you to return the detectors and the completed booklet

Please refer to the enclosed booklet "Using the Actiwatch Detectors to Measure Leg Movements Over 3 Consecutive Nights in Your Home" for instructions on their use.

Please take care to ensure that these expensive pieces of equipment are returned to us as soon as possible

If you have any queries please contact us on 01480 364257 or 01480 364170 between 9.00am and 5.00pm, Monday to Friday. Alternatively you can write to us at the address on the back cover.

Leg Movement Questionnaire

Please relate your answers to symptoms you have experienced over the past few weeks.

1. Do you have, or have you ever had an urge to move your legs either accompanied with, or caused by uncomfortable or unpleasant sensations? Yes No

If you answered 'No' to question 1, please move onto the next page. If yes please complete questions 2-7 relating your answers to the uncomfortable or unpleasant sensations referred to in question 1.

2. During how many days of the week do you experience these sensations? 1-3 4-5 6-7
3. Do the sensations in your legs worsen when you are resting either sitting up or when lying down? Yes No
4. Are the sensations in your legs either partially or completely relieved when you move / stretch or exercise them? Yes No
5. Do the sensations worsen in the afternoons or evenings? Yes No
6. When do your sensations occur? (tick all that apply) All day Morning Afternoon Evening
7. Do the sensations in your legs prevent you from falling asleep at night? Yes No

Epworth Sleepiness Scale

During the past few weeks, please rate how likely you were to doze off or fall asleep, in contrast to just feeling tired, during the following situations. If you have not been in the following situations recently, try to think about how they would have affected you.

For each of the following situations please score yourself using the following scale:

- 0 = Would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation	Score
1. Sitting and reading	
2. Watching TV	
3. Sitting inactive in a public place, e.g. theatre or meeting	
4. As a passenger in a car for an hour without a break	
5. Lying down in the afternoon when circumstances allow	
6. Sitting talking to someone	
7. Sitting quietly after lunch, without alcohol	
8. In a car while stopped for a few minutes in traffic	
TOTAL	

Please follow the enclosed instruction sheet to attach the detectors to your feet on each night of the three night study.

Sleep Log

Night 1

Date:

What time did you go to bed?

What time did you settle down to try to sleep?

What time did you first fall asleep?

How many times did you wake up during the night?

What time did you finally wake up?

What time did you finally get out of bed?

Comments:

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Sleep Log

Night 2

Date:

What time did you go to bed?

What time did you settle down to try to sleep?

What time did you first fall asleep?

How many times did you wake up during the night?

What time did you finally wake up?

What time did you finally get out of bed?

Comments:

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Sleep Log

Night 3

Date:

What time did you go to bed?

What time did you settle down to try to sleep?

What time did you first fall asleep?

How many times did you wake up during the night?

What time did you finally wake up?

What time did you finally get out of bed?

Comments:

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Now post back completed log and detectors in the envelope provided.

Large print copies and
alternative languages can be
made available on request.

Papworth is a smoke free site.



**Respiratory Support &
Sleep Centre**

**Papworth Hospital
NHS Foundation Trust**

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www.papworth-hospital.org.uk