RLS Doctor-Visit Kit

Bring this one-page kit to a sleep, neurology, or primary-care visit. It is for preparation only - not diagnosis or treatment advice.

1. SEVEN-NIGHT SYMPTOM AND TRIGGER DIARY

Day	Bed	0-10	Sensation	Triggers	What helped	Sleep impact
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Trigger prompts: caffeine, alcohol, nicotine, antihistamines/sleep aids, antidepressants, anti-nausea drugs, long sitting, intense late exercise, stress.

2. IRON STUDIES TO ASK ABOUT

Ask whether your clinician wants **morning iron studies**: ferritin and transferrin saturation (TSAT). In RLS, iron targets are often higher than ordinary anemia cutoffs.

- Ferritin below 100 mcg/L is guideline-relevant to discuss.
- TSAT below 20 percent is also guideline-relevant.
- If your clinician agrees, ask whether to avoid iron-containing food or supplements for 24 hours before testing.
- Do not start high-dose iron on your own; excess iron can be harmful.

3. MEDICATION AND SUPPLEMENT LIST

NAME

DOSE

TIME TAKEN

REASON

COULD WORSEN RLS?

Include prescriptions, sleep aids, antihistamines, antidepressants, anti-nausea medicines, iron, magnesium, cannabis/CBD, caffeine, nicotine, and alcohol.

4. QUESTIONS FOR THE APPOINTMENT

- [ ] Does my history fit all five RLS criteria, or could this be cramps, neuropathy, arthritis, anxiety, or another sleep disorder?
- [ ] Which of my medications or substances could be aggravating symptoms?
- [ ] Should iron be corrected first, and what ferritin/TSAT target are we using?
- [ ] If medication is needed, how do alpha-2-delta ligands, dopamine agonists, and augmentation risks apply to me?
- [ ] What should prompt urgent review: symptoms earlier in the day, spreading, worsening, or new weakness/numbness/pain?