

Supplemental materials for

Khandalavala B, Geske J, Klein J. Patient-reported prevalence, characteristics, and impact of leg cramps in an urban primary care clinic. *Ann Fam Med.* 2023;21(5):440-443.

Date : _____ Clinic : _____

Adult Patient-centered Survey of Health and Leg Cramps

Age: _____ years (stop here if under 19 years of age)

Gender: Female Male Other _____

For Females only:

Are you currently pregnant? No Yes- _____ # weeks

Are you in Menopause? No Yes

Height: _____ ft _____ inches Weight: _____ lbs

Has your weight changed during the COVID pandemic?

Gained Stayed the same Lost

If your weight has changed, by how much?

0-5 lbs 6-10 lbs 11-15 lbs 16+ lbs

Are you Hispanic or Latino/a No Yes

Race: (Please check all that apply)

Caucasian/White African American /Black

Asian Native American

Other _____

How many hours do you spend sitting during a typical work day?

Please circle: 1 2 3 4 5 6 7+

How many hours do you spend sitting during a non-work day?

Please circle: 1 2 3 4 5 6 7+

During a typical 7-day period, HOW MANY TIMES ON AVERAGE do you do the following kinds of exercise for more than 15 minutes?

VIGOROUS EXERCISE (e.g. running? basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling)

Please circle: 1 2 3 4 5 6 7+

MODERATE EXERCISE (NOT EXHAUSTING) (e.g., fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

Please circle: 1 2 3 4 5 6 7+

MILD/LIGHT EXERCISE (MINIMAL EFFORT) (e.g., yoga, archery, fishing from river bank, bowling, horseshoes, golf, snowmobiling, easy walking)

Please circle: 1 2 3 4 5 6 7+

How would you rate your overall health?

Excellent Very Good Good Fair Poor

Medical history: Do you have a history of any of the following medical conditions? (Please check all that apply)

Covid-19 Hypertension

Heart disease Diabetes

Anxiety Depression

Sleep Apnea Insomnia

Fibromyalgia Restless leg syndrome

Arthritis

Other _____

Which of the following medications are you taking? (Please check all that apply):

Diuretics/Water pills Albuterol

Female Hormones Neurontin/Gabapentin

What over-the-counter supplements are you taking?

Do you have leg cramps? (Definition: Spasmodic, painful, involuntary muscle contractions when resting, lasting from a few seconds to minutes, usually affecting the calf and foot, i.e. Charley horse)

Yes No If "No", STOP HERE and return survey.

How often do you get leg cramps?

More than 10 times per month

More than 5 times per month

1-4 times per month

More than once a week

Every day

More than once a day

How long have you been suffering from leg cramps?

0-6 months 4-5 years

7-12 months > 5 years

1-3 years

How would you rate the severity of your leg cramps?

Least Severe

Most Severe

1 2 3 4 5 6 7 8 9 10

Do your leg cramps occur with exercise? No Yes

Do your leg cramps occur when resting? No Yes

Are the leg cramps typically on one or both sides of your body?

Only one side Both sides

Where are your leg cramps located? (Please check all that apply)

Calves Feet Thighs Other _____

Do your cramps get worse during certain seasons of the year? No Yes

If yes, when? Summer Fall Winter Spring

On a scale from 1-5, how have your leg cramps impacted your...

	No impact		Very high impact		
	1	2	3	4	5
Sleep	1	2	3	4	5
Mental Health	1	2	3	4	5

Physical Health	1	2	3	4	5
Daytime Functioning	1	2	3	4	5

How often do the leg cramps disturb your sleep?

Often Sometimes Seldom Never

Have you ever fallen because of leg cramps?

No Yes

Have you ever discussed your leg cramps with your medical provider?

No Yes

Have you looked up treatments for leg cramps on the internet?

No Yes

If so, what treatments did you find? _____

	Have you tried this treatment for leg cramps?		If you have tried this treatment, was it helpful in relieving your leg cramps?			If you have tried this treatment, please list any side effects you had.
	No	Yes	No	Somewhat	Yes	
Tylenol / acetaminophen	N	Y	N	S	Y	
Advil / ibuprofen	N	Y	N	S	Y	
Aleve / naproxen sodium	N	Y	N	S	Y	
Verapamil	N	Y	N	S	Y	
Quinine	N	Y	N	S	Y	
Magnesium supplements	N	Y	N	S	Y	
Calcium supplements	N	Y	N	S	Y	
Vitamin E supplements	N	Y	N	S	Y	
Vitamin B supplements	N	Y	N	S	Y	
Stretching	N	Y	N	S	Y	
Walking	N	Y	N	S	Y	
Massage of affected muscle	N	Y	N	S	Y	
Hot shower/warm bath	N	Y	N	S	Y	
Keeping legs warm in bed	N	Y	N	S	Y	
Other _____	N	Y	N	S	Y	

Thank you for your participation!