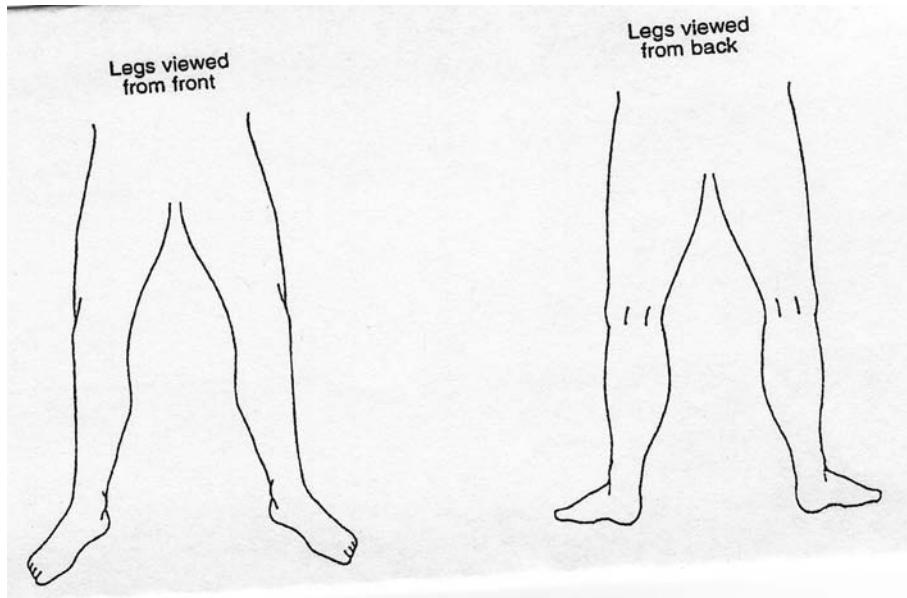


Patient Name _____

Date _____

VARICOSE VEIN QUESTIONNAIRE

1. Please draw in your varicose veins in the diagram(s) below:



2. In the last two weeks, for how many days did your varicose veins cause you pain or ache?

Rt leg Lt leg

- | | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | None at all |
| <input type="checkbox"/> | <input type="checkbox"/> | Between 1-5 days |
| <input type="checkbox"/> | <input type="checkbox"/> | Between 6-10 days |
| <input type="checkbox"/> | <input type="checkbox"/> | For more than 10 days |

3. During the last two weeks, on how many days did you take painkilling tablets for your varicose veins?

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | None at all |
| <input type="checkbox"/> | Between 1-5 days |
| <input type="checkbox"/> | Between 6-10 days |
| <input type="checkbox"/> | For more than 10 days |

4. In the last two weeks, how much ankle swelling have you had?

- None at all
- Slight ankle swelling
- Moderate ankle swelling (e.g. Causing you to sit with your feet up whenever possible)
- Severe ankle swelling (e.g. Causing you difficulty putting on your shoes)

5. In the last two weeks, have you worn support stockings or tights?

Rt leg

Lt leg

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, those I bought myself w/o a doctor's prescription |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, those my doctor prescribed for me which I wear occasionally |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, those my doctor prescribed for me which I wear daily |

6. In the last two weeks, have you had any itching in association with your varicose veins?

Rt leg

Lt leg

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, but only above the knee |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, but only below the knee |
| <input type="checkbox"/> | <input type="checkbox"/> | Both above and below the knee |

7. Do you have purple discoloration caused by tiny blood vessels in the skin, in association with your varicose veins?

Rt leg

Lt leg

- | | | |
|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes |

8. Do you have a rash or eczema in the area of your ankle?

Rt leg **Lt leg**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, but it does not require any treatment from a doctor |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, and it requires treatment from my doctor |

9. Do you have a skin ulcer associated with your varicose veins?

Rt leg **Lt leg**

- | | | |
|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes |

10. Does the appearance of your varicose veins cause you concern?

- No
- Yes, their appearance causes me slight concern
- Yes, their appearance causes me moderate concern
- Yes, their appearance causes me a great deal of concern

11. Does the appearance of your varicose veins influence your choice of clothing including tights?

- No
- Occasionally
- Often
- Always

12. During the last two weeks, have your varicose veins interfered with your work/ housework or other daily activities?

- No
- I have been able to work but my work has suffered to a slight extent
- I have been able to work but my work has suffered to a moderate extent
- My veins have prevented me from working one day or more

13. During the last two weeks, have your varicose veins interfered with your leisure activities (including sport, hobbies and social life)?

- No
- Yes, my enjoyment has suffered to a slight extent
- Yes, my enjoyment has suffered to a moderate extent
- Yes, my veins have prevented me taking part in any leisure activities

MY VEINS AFFECT MY WORK LIFE BY _____

MY VEINS AFFECT MY HOME LIFE BY _____
