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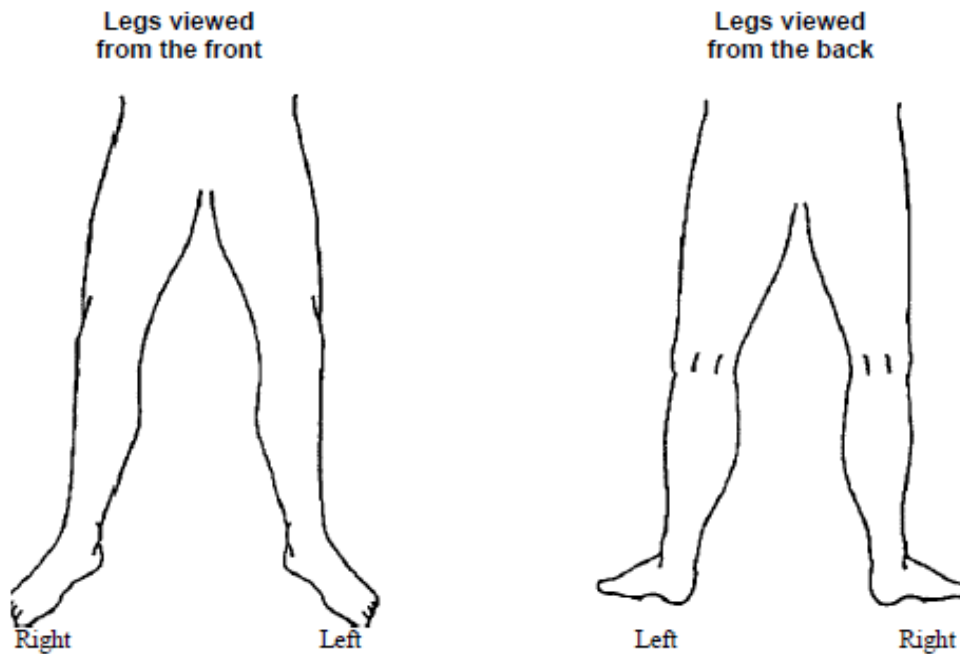
Aberdeen Varicose Vein Questionnaire

Name: _____

DOB: _____

Date: _____

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



2. In the past 2-weeks, for how many days did your varicose veins cause you pain or ache?
 (Please check one box for each leg)

<u>Right Leg</u>	<u>Left Leg</u>	
<input type="checkbox"/>	<input type="checkbox"/>	None at all
<input type="checkbox"/>	<input type="checkbox"/>	Between 1 and 5 days
<input type="checkbox"/>	<input type="checkbox"/>	Between 6 and 10 days
<input type="checkbox"/>	<input type="checkbox"/>	For more than 10 days

3. During the last 2-weeks, on how many days did you take painkilling tablets for your varicose veins?
 (Please check one box)

- None at all
- Between 1 and 5 days
- Between 6 and 10 days
- For more than 10 days

4. In the past 2-weeks, how much ankle swelling have you had?

(Please check one box)

- None at all
- Slight ankle swelling
- Moderate ankle swelling (ex. causing you to sit with your feet up when possible)
- Severe ankle swelling (ex causing you difficulty putting on your shoes)

5. In the last 2-weeks, have you worn support stockings or tights?

(Please check one box)

- | <u>Right Leg</u> | <u>Left Leg</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, those I bought myself without 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 every day |

6. In the last 2-weeks, have you had any itching in association with your varicose veins?

(Please check one box)

- | <u>Right Leg</u> | <u>Left Leg</u> | |
|--------------------------|--------------------------|-------------------------------|
| <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?

(Please check one box)

- | <u>Right Leg</u> | <u>Left Leg</u> | |
|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes |

8. Do you have lower leg cramping (Charlie horses)?

- Yes
- No

9. In the past 2-weeks has lower leg cramping interfered with your sleep/activities?

- No
- Yes, my sleep/activities have suffered to a slight extent
- Yes, my sleep/activities have suffered to a moderate extent
- Yes, the cramping has prevented me from sleeping/activities

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

(Please check one box)

- | <u>Right Leg</u> | <u>Left Leg</u> | |
|--------------------------|--------------------------|--|
| <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 |

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

(Please check one box)

- | <u>Right Leg</u> | <u>Left Leg</u> | |
|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes |

12. Does the appearance of your varicose veins cause you concern?
(Please check one box)

- 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

13. Does the appearance of your varicose veins influence your choice of clothing including tights?
(Please check one box)

- No
- Occasionally
- Often
- Always

14. During the last 2- weeks, have your varicose veins interfered with your work/housework or other daily activities?
(Please check one box)

- 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

15. During the last 2-weeks, have your varicose veins interfered with your leisure activities (sport, hobbies, & social life)?
(Please check one box)

- 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 from taking part in my leisure activities