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## **Aberdeen Varicose Vein Questionnaire**

	Name:	DOB:	
	Date:	<del></del>	
1.	Please draw in your varicose veins in the c	agram below:  Legs viewed	
	from the front	from the back	
	Right	eft Left Right	
2.	(Please check one box for each leg)  Right Leg Left Leg  □ □ Nor  □ □ Bet  □ □ Bet	e at all veen 1 and 5 days veen 6 and 10 days more than 10 days	
3.	During the last 2-weeks, on how many day (Please check one box)  ☐ None at all ☐ Between 1 and 5 days ☐ Between 6 and 10 days ☐ For more than 10 days	s did you take painkilling tablets for your varicose veins?	

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 your worn support stockings or tights?  (Please check one box)  Right Leg
6.	In the last 2-weeks, have you had any itching in association with your varicose veins?  (Please check one box)  Right Leg Left Leg  No  Yes, but only above the knee  Yes, but only below the knee  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)  Right Leg  No  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?  \[ \subseteq \text{No} \]  \[ \subseteq \text{Yes, my sleep/activities have suffered to a slight extent} \]  \[ \subseteq \text{Yes, my sleep/activities have suffered to a moderate extent} \]  \[ \subseteq \text{Yes, the cramping has prevented me from sleeping/activities} \]
10.	Do you have a rash or eczema in the area of your ankle?  (Please check one box)  Right Leg Left Leg  No  Yes, but it does not require any treatment from a doctor  Yes, and it requires treatment from my doctor
11.	Do you have a skin ulcer associated with your varicose veins?  (Please check one box)  Right Leg  No  Yes

12.	Does the appearance of your varicose veins cause you concern? (Please check one box)		
	<ul> <li>□ No</li> <li>□ Yes, their appearance causes me slight concern</li> <li>□ Yes, their appearance causes me moderate concern</li> <li>□ Yes, their appearance causes me a great deal of concern</li> </ul>		
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		