**Aberdeen Varicose Veins Questionnaire**

|  |  |  |
| --- | --- | --- |
|  | **YOUR VARICOSE VEINS** |  |

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

 Legs viewed Legs viewed

 from front from back

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

|  |  |  |
| --- | --- | --- |
| *(Please tick one box for each leg)* | R Leg | L Leg |
| None at all |  |  |  |
| Between 1 and 5 days |  |  |  |
| Between 6 and 10 days |  |  |  |
| For more than 10 days |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| *(Please tick one box for each leg)* | R Leg | L Leg |
| None at all |  |  |  |
| Between 1 and 5 days |  |  |  |
| Between 6 and 10 days |  |  |  |
| For more than 10 days |  |  |  |

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

|  |  |
| --- | --- |
|  *(Please tick one box)* None at all  |  |
| Slight ankle swelling |  |

|  |  |
| --- | --- |
| Moderate ankle swelling (eg. causing youto sit with your feet up whenever possible) |  |

|  |  |
| --- | --- |
| Severe ankle swelling (eg. causing you difficulty putting on your shoes) |  |

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

|  |  |  |
| --- | --- | --- |
|  *(Please tick one box for each leg)* | R Leg | L Leg |
| No |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes, those I bought myself withouta doctor's prescription |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes, those my doctor prescribed forme which I wear occasionally |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes, those my doctor prescribed forme which I wear every day |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  *(Please tick one box for each leg)* | R Leg | L 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 discolouration caused by tiny blood vessels in the skin, in association with your varicose veins?**

|  |  |  |
| --- | --- | --- |
| *(Please tick one box for each leg)* | R Leg | L Leg |
| No |  |  |  |
| Yes |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| *(Please tick one box for each leg)* | R Leg | L Leg |
| No |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes, but it does not require any treatment from a doctor or district nurse |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes, and it requires treatment from my doctor or district nurse |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| *(Please tick one box for each leg)* | R Leg | L Leg |
| No |  |  |  |
| Yes |  |  |  |

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

|  |  |
| --- | --- |
| *(Please tick one box)* No |  |

|  |  |
| --- | --- |
| Yes, their appearance causesme 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?**

|  |  |
| --- | --- |
|  *(Please tick one box)* No |  |
| Occasionally |  |
| Often |  |
| Always |  |

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

|  |  |
| --- | --- |
|  *(Please tick 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 |  |

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

|  |  |
| --- | --- |
| *(Please tick one box)* No |  |

|  |  |
| --- | --- |
| Yes, my enjoyment has suffered to a slight extent |  |

|  |  |
| --- | --- |
| Yes, my enjoyment has sufferedto a moderate extent |  |

|  |  |
| --- | --- |
| Yes, my veins have prevented me taking part in any leisure activities |  |