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QUALITY OF LIFE FORM - SIGNATURE PAGE

PATIENTS NAME: _____

PATIENTS SIGNNATURE: _____

TODAY'S DATE: _____

VEINES

INSTRUCTIONS
HOW TO ANSWER:
Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

These questions are about your leg problem(s).

1. During the past 4 weeks, how often have you had any of the following leg problems?

(check one box on each line)	**Every day**	**Several times a week**	**About once a week**	**Less than once a week**	**Never**
1. Heavy legs	☐1	☐2	☐3	☐4	☐5
2. Aching legs	☐1	☐2	☐3	☐4	☐5
3. Swelling	☐1	☐2	☐3	☐4	☐5
4. Night cramps	☐1	☐2	☐3	☐4	☐5
5. Heat or burning sensation	☐1	☐2	☐3	☐4	☐5
6. Restless legs	☐1	☐2	☐3	☐4	☐5
7. Throbbing	☐1	☐2	☐3	☐4	☐5
8. Itching	☐1	☐2	☐3	☐4	☐5
9. Tingling sensation (e.g.pins and needles)	☐1	☐2	☐3	☐4	☐5

2. At what time of day is your **leg problem** most intense ? *(check one)*

☐1 On waking
☐2 At mid-day
☐3 At the end of the day
☐4 During the night
☐5 At any time of day
☐6 Never

3. Compared to one year ago, how would you rate your **leg problem** in general now? *(check one)*

☐1 Much better now than one year ago
☐2 Somewhat better now than one year ago
☐3 About the same now as one year ago
☐4 Somewhat worse now than one year ago
☐5 Much worse now than one year ago
☐6 I did not have any leg problem last year

VVSYMQ

"Since waking up today, how often had you had the following problem in your leg to be treated?" This question was asked for each of the following five symptoms: heaviness, achiness, swelling, throbbing, and itching. Response to question:	Scoring
"None of the time"	0
"A little of the time"	1
"Some of the time"	2
"A good bit of the time"	3
"Most of the time"	4
"All of the time	5

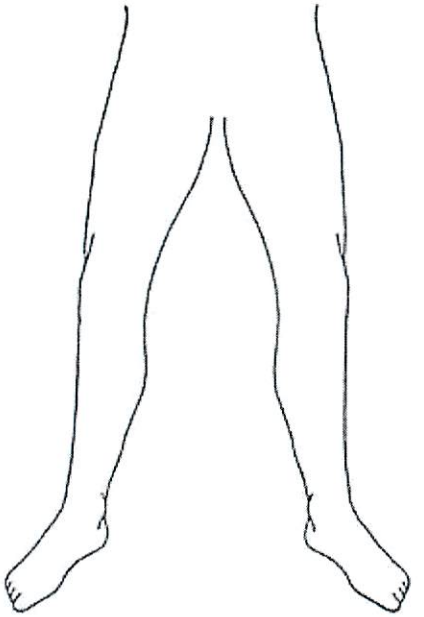
AVVQ (Aberdeen)

The Aberdeen Varicose Veins Questionnaire (Aberdeen Questionnaire) is a disease-specific questionnaire that measures HRQOL for patients with varicose veins.[6,7] The questionnaire, designed in 1993, consists of 13 questions relating to all aspects of the problem of varicose veins.[6] The questionnaire has a section in which the patients can indicate diagrammatically the distribution of their varicose veins. There are questions relating to the amount of pain experienced, ankle swelling, and use of support stockings, interference with social and domestic activities, and the cosmetic aspects of varicose veins. The questionnaire is scored from zero to 100, where zero represents a patient with no evidence of varicose veins and 100 represents the most severe problems associated with varicose veins. In the development of this questionnaire, two independent vascular surgeons weighted the individual questions in proportion to the perceived contribution to severity of the question.

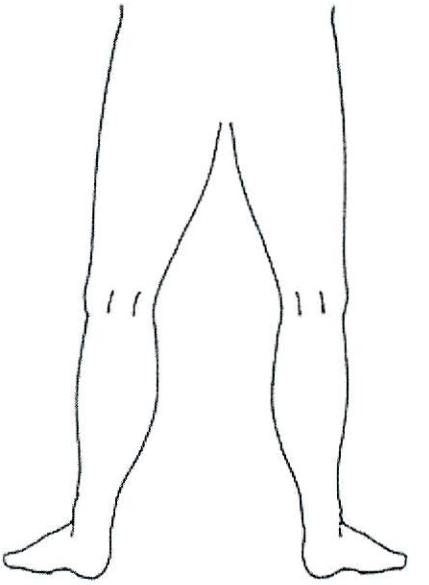
VARICOSE VEINS CLINICAL QUESTIONNAIRE (13 questions)

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

Legs viewed from front



Legs viewed 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)

- 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 you to 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 without a doctor's prescription	◯	◯
Yes, those my doctor prescribed for me which I wear occasionally	◯	◯
Yes, those my doctor prescribed for me 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 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?**
(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 suffered to a moderate extent ◯
- Yes, my veins have prevented me taking part in any leisure activities ◯

CIVIQ

How is the CIVIQ score calculated?

1. Calculate the difference between the patient's final score and the minimum possible score
2. Divide that difference by the difference between the theoretical maximum and minimum scores
3. Multiply the result by 100

What does the CIVIQ score measure?

The CIVIQ-20 measures quality of life in four dimensions:

- **Pain:** Four items that assess pain
- **Physical:** Four items that assess physical quality of life
- **Psychological:** Nine items that assess psychological quality of life
- **Social:** Three items that assess social quality of life

- C I V I Q 20 -

SELF-QUESTIONNAIRE PATIENTS

In English language for Canada

Many people complain of leg pain. We would like to find out how often these leg problems occur and to what extent they affect the everyday life of those who suffer from them.

Below you will find a list of symptoms, sensations or types of discomfort that you may or may not be experiencing and which may make everyday life hard to bear to a greater or lesser extent. **For each symptom, sensation, or type of discomfort listed, we would like you to answer in the following way:**

Please indicate if you have experienced what is described in each sentence, and if the answer is 'yes', how intense it was. There are five possible answers, and we would like you to circle the one which best describes your situation.

Circle 1	if you feel the symtom, sensation of discomfort described does not apply to you
Circle 2, 3, 4 or 5	if you have experienced it, and to what extent

- C I V I Q 20 -

SELF-QUESTIONNAIRE PATIENTS

In English language for Canada

QUALITY OF LIFE WITH VENOUS INSUFFICIENCY

1) During the past four weeks, have you had any **pain** in your **ankles** or **legs**, and how severe has this pain been?
Circle the number that applies to you.

No pain	Slight pain	Moderate pain	Considerable pain	Severe pain
1	2	3	4	5

2) During the past four weeks, how much difficulty have you had at **work** or during your **usual daily activities because of your leg problems**?
Circle the number that applies to you.

No difficulty	Slight difficulty	Moderate difficulty	Considerable difficulty	Severe difficulty
1	2	3	4	5

3) During the past four weeks, have you **slept badly** because of your leg problems, and how often?
Circle the number that applies to you.

Never	Rarely	Fairly often	Very often	Every night
1	2	3	4	5

- C I V I Q 20 -

SELF-QUESTIONNAIRE PATIENTS

In English language for Canada

During the past four weeks, how much **difficulty** did you have **carrying out the actions and activities** listed below b**ecause of your leg problems**?
For each statement in the table below, indicate how much difficulty you had by circling the appropriate number.

	No difficulty	Slight difficulty	Moderate difficulty	Considerable difficulty	Could not do it
4) Standing for a long time	1	2	3	4	5
5) Climbing several flights of stairs	1	2	3	4	5
6) Crouching Kneeling down	1	2	3	4	5
7) Walking quickly	1	2	3	4	5
8) Travelling by car, bus, plane	1	2	3	4	5
9) Doing certain jobs at home (e.g. standing and moving around in the kitchen, carrying a child in your arms, ironing, cleaning floors or dusting the furniture, DIY...)	1	2	3	4	5
10) Going out for the evening, going to a wedding, a party, a cocktail party...	1	2	3	4	5
11) Playing a sport, Exerting yourself	1	2	3	4	5

- C I V I Q 20 -

SELF-QUESTIONNAIRE PATIENTS

In English language for Canada

	Leg problems can also affect your mood. How closely do the following statements correspond to what you felt during the past four weeks? *For each statement in the table below, circle the number that applies to you.*				
	Not at all	A little	Moderately	A lot	Completely
12) I felt nervous/tense	1	2	3	4	5
13) I got tired quickly	1	2	3	4	5
14) I felt I was a burden	1	2	3	4	5
15) I always had to be careful	1	2	3	4	5
16) I felt embarrassed about showing my legs	1	2	3	4	5
17) I got irritated easily	1	2	3	4	5
18) I felt as if I was handicapped	1	2	3	4	5
19) I found it hard to get going in the morning	1	2	3	4	5
20) I did not feel like going out	1	2	3	4	5