

QUALITY OF LIFE WITH VENOUS INSUFFICIENCY

Please review the statements below and answer by circling the number that applies to your legs.

During the past four weeks, how much trouble have you had carrying out the actions and activities listed below because of your leg problems?

Share the Degree of Trouble with Legs?

For each statement below, indicate **when** and **how much** trouble you have experienced by circling the number that

	None	Slight	Moderate	Considerable	Could Not Do It
1) Any pain in your ankles or legs?	1	2	3	4	5
2) Trouble at work due to leg pain?	1	2	3	4	5
3) Poor sleep due to leg pain?	1	2	3	4	5
4) Remaining 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 at a brisk pace or a long distance?	1	2	3	4	5
8) Traveling by car, bus, or plane?	1	2	3	4	5
9) Doing Jobs at home (e.g work, house projects, carrying your children, etc.)?	1	2	3	4	5
10) Going out for the evening?	1	2	3	4	5
11) Playing a sport, exerting yourself?	1	2	3	4	5

Leg problems can also effect your spirits. How closely do the following statements correspond to how you have felt during the past four weeks?

How have Problems Affected Your Spirits/Feelings?

For each statement below, indicate how your leg problems **affect your spirit** and **feelings** by circling the number that applies

	None	Slight	Moderate	Considerable	Could Not Do It
12) I felt nervous/tense.	1	2	3	4	5
13) I got tired quickly.	1	2	3	4	5
14) I felt that I was a burden.	1	2	3	4	5
15) I always had to be cautious.	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

Total Score: _____

Thank You for Your Participation

Patient Signature

Date