



PACIFIC VASCULAR SPECIALISTS

VARICOSE VEIN QUESTIONNAIRE

This form must be completed in full prior to your consultation.

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

- 1. Do you experience any of the following symptoms? (Circle your answers)
a. Aching/ pain in your legs? YES NO
b. Heaviness in your legs? YES NO
c. Tiredness/ fatigue? YES NO
d. Itching/ burning? YES NO
e. Swollen ankles/legs? YES NO
f. Leg Cramps? YES NO
g. Restless legs? YES NO
h. Throbbing? YES NO
i. Other? \_\_\_\_\_

2. Have your veins gotten worse in recent months? YES NO
If yes, explain: \_\_\_\_\_

3. Do you take any medication for pain (i.e. Advil, Aleve, etc...)? YES NO
If yes, explain: \_\_\_\_\_

4. Do you elevate your legs to relieve discomfort? YES NO

5. Do you wear support stockings/compression socks? YES NO
If YES:
a. Were they prescribed by a doctor? YES NO
b. What strength? (15-20mmHg, 20-30mmHg, etc.) \_\_\_\_\_
c. Do they provide relief? YES NO
d. How long have you been wearing them consistently? \_\_\_\_\_

6. Do you have problems with walking due to vein pain? YES NO

7. At work do you stand most of your day? YES NO
a. At home? YES NO

8. Do you have problems with doing the following tasks?
a. Doing the dishes? YES NO
b. Dressing? YES NO
c. Bathing? YES NO
d. Daily meal prep? YES NO

9. Have you ever had any tests or procedures done on your veins? YES NO
If yes, when, what type of test/procedure and what location on the leg? \_\_\_\_\_

10. Have you been diagnosed with saphenous vein reflux? YES NO

11. Do you experience repeated incidence of:
a. Surface vein inflammation/swelling? YES NO
b. Bleeding from your vein? YES NO
c. Non-healing wounds on your legs? YES NO
d. Stasis dermatitis (darkening of the skin in the legs)? YES NO