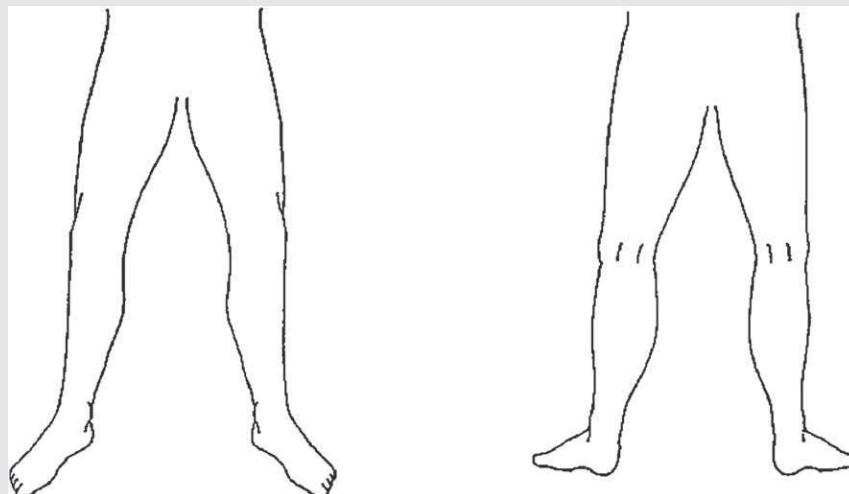


Table 1 Aberdeen Varicose Vein Questionnaire**Aberdeen Varicose Vein Questionnaire**

1. Please draw in your varicose veins in the diagrams(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)

	Right Leg	Left 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)

	Right Leg	Left 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		

(continued on next page)

Table 1 (continued)

6. In the last two weeks, have you had any itching in association with your varicose veins?
(Please tick one box for each leg)

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

	Right Leg	Left Leg
No		
Yes		

8. Do you have a rash or eczema in the area of your ankle? (Please tick one box for each leg)

	Right Leg	Left 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)

	Right Leg	Left 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	