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- C I V I Q 20 -

**SELF-QUESTIONNAIRE PATIENTS**

*English for the USA*

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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 have them.

Below is a list of symptoms, sensations and types of discomfort that you may or may not be experiencing and which might 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 consider whether you have experienced what is described in each sentence, and if the answer is 'yes', how **intense** it was. There are five response options. Please circle the one which best describes your situation.

Circle 1                      if the symptom, sensation of discomfort described does not apply to you

Circle 2, 3, 4 or 5            if you have felt it to a greater or lesser extent

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**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 trouble have you had at **work** or with your **usual daily activities because of your leg problems?**

*Circle the number that applies to you.*

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

- 3) During the past four weeks, have you **slept poorly** 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

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

*For each statement in the table below, indicate how much trouble you have had by circling the number that applies to you.*

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

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Leg problems can also affect your spirits. How closely do the following statements correspond to how you have 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
<b>12)</b> I felt nervous/tense	1	2	3	4	5
<b>13)</b> I got tired quickly	1	2	3	4	5
<b>14)</b> I felt I was a burden	1	2	3	4	5
<b>15)</b> I always had to be cautious	1	2	3	4	5
<b>16)</b> I felt embarrassed about showing my legs	1	2	3	4	5
<b>17)</b> I got irritated easily	1	2	3	4	5
<b>18)</b> I felt as if I was handicapped	1	2	3	4	5
<b>19)</b> I found it hard to get going in the morning	1	2	3	4	5
<b>20)</b> I did not feel like going out	1	2	3	4	5