

**SELF-QUESTIONNAIRE PATIENTS**

*In English language for Canada*

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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 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 symptom, sensation of discomfort described does not apply to you

Circle 2, 3, 4 or 5            if you have experienced it, and to what extent

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- C I V I Q 20 -

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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 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

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## - C I V I Q 20 -

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	<p>During the past four weeks, how much <b>difficulty</b> did you have <b>carrying out the actions and activities</b> listed below <b>because of your leg problems?</b> <i>For each statement in the table below, indicate how much difficulty you had by circling the appropriate number.</i></p>				
	No difficulty	Slight difficulty	Moderate difficulty	Considerable difficulty	Could not do it
<b>4)</b> 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 quickly	1	2	3	4	5
<b>8)</b> Travelling by car, bus, 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 floors or dusting the furniture, DIY...)	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 mood. How closely do the following statements correspond to what you felt during the past four weeks? <i>For each statement in the table below, circle the number that applies to you.</i>				
	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 careful	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