
- C I V I Q 20-

SELF-QUESTIONNAIRE PATIENTS

In English language for UK

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 lives of those who suffer from them.

Below you will find a list of symptoms, sensations or types of discomfort that you may 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 felt it to a greater or lesser extent

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QUALITY OF LIFE WITH VENOUS INSUFFICIENCY
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- | | |
|-----------|---|
| 1) | During the past four weeks, have you had any pain in your ankles or legs , and how severe has this pain been?
<i>Circle the number that applies to you.</i> |
|-----------|---|

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 experienced at work or during your usual daily activities because of your leg problems ?
<i>Circle the number that applies to you.</i> |
|-----------|---|

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

- | | |
|-----------|---|
| 3) | During the past four weeks, have you slept badly because of your leg problems, and how often?
<i>Circle the number that applies to you.</i> |
|-----------|---|

Never	Rarely	Fairly often	Very often	Every night
1	2	3	4	5

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	<p>During the past four weeks, how much trouble have you experienced carrying out the actions and activities listed below because of your leg problems?</p> <p><i>For each statement in the table below, indicate how much trouble you have experienced by circling the number chosen.</i></p>				
	No trouble	Slight trouble	Moderate trouble	Considerable trouble	Could not do it
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	1	2	3	4	5
8) Travelling by car, bus, plane	1	2	3	4	5
9) Performing household tasks (e.g. standing and moving around in the kitchen, carrying a child in your arms, ironing, cleaning the floor or dusting the furniture, DIY...)	1	2	3	4	5
10) Going out for the evening, going to a wedding, a party, a cocktail party...	1	2	3	4	5
11) Playing a sport, exerting yourself physically	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 have 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
12) I have felt nervous/tense	1	2	3	4	5
13) I have become tired quickly	1	2	3	4	5
14) I have felt I am a burden	1	2	3	4	5
15) I have had to be cautious all the time	1	2	3	4	5
16) I have felt embarrassed about showing my legs	1	2	3	4	5
17) I have become irritated easily	1	2	3	4	5
18) I have felt as if I am handicapped	1	2	3	4	5
19) I have found it hard to get going in the morning	1	2	3	4	5
20) I have not felt like going out	1	2	3	4	5