

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### CIVIQ-2 Venous Quality of Life Questionnaire

Many people suffer with leg problems. Symptoms, sensations and discomforts may make everyday life more or less difficult. This is a survey of the symptoms, sensations and discomforts that may be related to your varicose veins.

For each symptom, sensation or discomfort listed, we ask you to answer the corresponding question. Please indicate whether you have experienced what is described in the sentence, and if so, to what intensity. Five answers are provided. Please circle the intensity most suited to your situation. (1 if you do not feel concerned by the symptom, 2, 3, 4, or 5 if you have felt it with more or less intensity).

**1. In the past four weeks, what was the intensity of the pain felt in your ankles or legs?**

*(Circle the appropriate number)*

No Pain	Light Pain	Moderate Pain	Strong Pain	Intense Pain
1	2	3	4	5

**2. During the past four weeks, to what extent did you feel restricted in your work or your other daily activities because of your leg problems?**

*(Circle the appropriate number)*

Not Restricted	A little Restricted	Moderately Restricted	Very Restricted	Extremely Restricted
1	2	3	4	5

**3. During the past four weeks, did you sleep badly because of your leg problems and how often?**

*(Circle the appropriate number)*

Never	Seldom	Fairly Often	Very Often	Every Night
1	2	3	4	5

**During the past four weeks, to what extent did your leg problems restrict you while doing the movements or activities listed below?** *(For each of the sentences listed in the left hand column of the table below, indicate to what extent you are restricted by circling the appropriate number).*

	Not restricted	A little restricted	Moderately restricted	Very restricted	Impossible to do
4.To stand for a long time	1	2	3	4	5
5.To climb stairs	1	2	3	4	5
6.To squat or kneel	1	2	3	4	5
7.To walk briskly	1	2	3	4	5
8.To travel by car, bus or plane	1	2	3	4	5
9.To do housework including standing, cleaning, or doing handy work	1	2	3	4	5
9.To socialize, go to parties, attend social gatherings	1	2	3	4	5
10.To do a sport or other physically strenuous activities	1	2	3	4	5

**Leg problems can also have an effect on one's morale. To what extent to the following sentences correspond to how you have felt during the past four weeks?** (For each of the sentences listed in the left hand column of the table below, indicate to what extent you are bothered by circling the appropriate number).

	Not at all	A little	Moderately	A lot	Absolutely
12. <i>I feel on edge</i>	1	2	3	4	5
13. <i>I become tired quickly</i>	1	2	3	4	5
14. <i>I feel I am a burden to people</i>	1	2	3	4	5
15. <i>I must always take precautions (such as stretch my legs, to avoid standing for a long time, etc.)</i>	1	2	3	4	5
16. <i>I am embarrassed to show my legs</i>	1	2	3	4	5
17. <i>I get irritated easily</i>	1	2	3	4	5
18. <i>I feel handicapped</i>	1	2	3	4	5
19. <i>I have difficulty getting going in the morning</i>	1	2	3	4	5
20. <i>I do not feel like going out</i>	1	2	3	4	5

