

Aberdeen Varicose Veins Questionnaire (AVVQ)

The AVVQ form must be completed at baseline and then at 6 weeks,
6 months and 12 months.

Please tick the relevant box to indicate:

- Baseline
- 6 week follow-up
- 6-month follow-up
- 12-month follow-up

Date of questionnaire completion: dd/mm/yy



Please answer all 13 questions

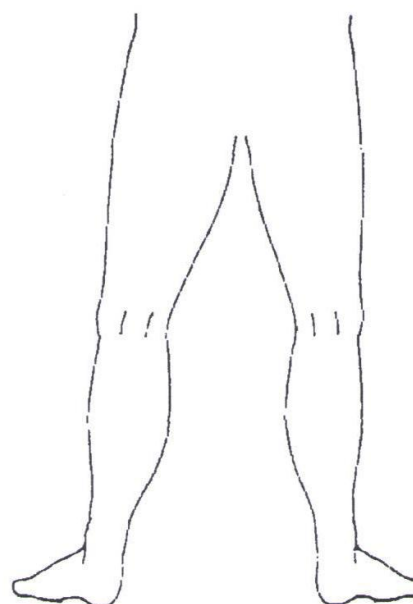
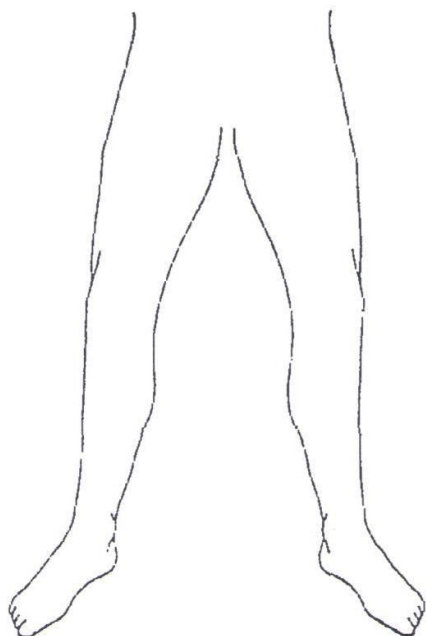
1: Please draw in your varicose veins

Legs Viewed from Behind

Legs Viewed from in Front

Legs viewed from front

Legs viewed from back



2: In the last 2 weeks for how many days did your veins cause you pain or ache?

	Right Leg	Left Leg
None at all	<input type="checkbox"/>	<input type="checkbox"/>
Between 1 and 5 days	<input type="checkbox"/>	<input type="checkbox"/>
Between 6 and 10 days	<input type="checkbox"/>	<input type="checkbox"/>
For more than 10 days	<input type="checkbox"/>	<input type="checkbox"/>

3: During the last two weeks, on how many days did you take painkilling tablets for your varicose veins?

	Right Leg	Left Leg
None at all	<input type="checkbox"/>	<input type="checkbox"/>
Between 1 and 5 days	<input type="checkbox"/>	<input type="checkbox"/>
Between 6 and 10 days	<input type="checkbox"/>	<input type="checkbox"/>

For more than 10 days

4: In the last two weeks, how much ankle swelling have you had?

None at all
 Between 1 and 5 days
 Between 6 and 10 days
 For more than 10 days

5: In the last two weeks, have you worn support stockings or tights?

	Right Leg	Left Leg
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes, those I bought myself without prescription	<input type="checkbox"/>	<input type="checkbox"/>
Yes, those prescribed by my doctor which I wear occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Yes, those prescribed by my doctor which I wear every day	<input type="checkbox"/>	<input type="checkbox"/>

6: In the past two weeks, have you had any itching in association with your varicose veins?

	Right Leg	Left Leg
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes, above the knee only	<input type="checkbox"/>	<input type="checkbox"/>
Yes, below the knee only	<input type="checkbox"/>	<input type="checkbox"/>
Yes, above and below the knee	<input type="checkbox"/>	<input type="checkbox"/>

7: Do you have purple discolouration caused by tiny blood vessels in the skin, in association with your varicose veins?

	Right Leg	Left Leg
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>

8: Do you have a rash or eczema in the area of your ankle?

	Right Leg	Left Leg
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but it does not require treatment from a doctor or district nurse	<input type="checkbox"/>	<input type="checkbox"/>
Yes, and it requires treatment from a doctor or district nurse	<input type="checkbox"/>	<input type="checkbox"/>

9: Do you have a skin ulcer associated with your varicose veins?

	Right Leg	Left Leg
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>

**10: Does the appearance of your varicose veins cause you concern**

- 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?

- No
- Occasionally
- Often
- Always

12: During the last two weeks, have your varicose veins interfered with your work/housework or other activities?

- 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 working one day or more

13: During the last two weeks, have your varicose veins interfered with you leisure activities? (including sport, hobbies and social life)

- 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

Thank you!