



Venous Screening Program

Patient Questionnaire

Many people in the country complain of heavy or aching legs.

The following questions relate to a certain number of symptoms, sensations or discomforts (that you may or may not feel) that can make everyday life more or less difficult. For each symptom, sensation or discomfort listed, we ask you to answer the corresponding question by circling the correct level described:

- 1 if you do not feel concerned by the symptom, or sensation of discomfort described,
 2, 3, 4 or 5 if you have experienced the symptom or discomfort described (5 = greatest intensity).

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- 1 In the past four weeks, if you have felt pain in the ankles or legs, what was the intensity of this pain?
- | | | | | |
|---------|------------|---------------|-------------|--------------|
| 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 bothered/limited in your work or your other daily activities because of your leg problem?
- | | | | | |
|--------------------------|-------------------------------|--------------------------------|--------------------------|-------------------------------|
| Not bothered/
limited | A little bothered/
limited | Moderately
bothered/limited | Very bothered
limited | Extremely
bothered/limited |
| 1 | 2 | 3 | 4 | 5 |
- 3 During the past four weeks, did you sleep badly because of your leg problems, and how often?
- | | | | | |
|-------|--------|--------------|------------|-------------|
| 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 bother/limit you while doing the movements or activities listed below? (circle the number corresponding to the right answer)

- | | | Not bothered/
limited at all | A little bothered/
limited | Moderately
bothered/limited | Very bothered
limited | Impossible
to do |
|----|--------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------|---------------------|
| 4 | Standing for a
Long time | 1 | 2 | 3 | 4 | 5 |
| 5 | Climbing stairs | 1 | 2 | 3 | 4 | 5 |
| 6 | Crouching/kneeling | 1 | 2 | 3 | 4 | 5 |
| 7 | Walking briskly | 1 | 2 | 3 | 4 | 5 |
| 8 | Travel by car,
bus, plane | 1 | 2 | 3 | 4 | 5 |
| 9 | Housework such as
working in the kitchen,
carrying a child, cleaning
floors, doing handy work | 1 | 2 | 3 | 4 | 5 |
| 10 | Going to discos, weddings,
parties, cocktails | 1 | 2 | 3 | 4 | 5 |
| 11 | Strenuous sporting activities | 1 | 2 | 3 | 4 | 5 |

*This questionnaire was developed by Professor Robert Launois with an educational grant from Les Laboratoires Servier.
 Any person wishing to use the questionnaire should contact Professor Launois Servier (website@servier.com.)