VARICOSE QUESTIONAIRE

Name _____

COMPLAINT

	RT	LT
Swelling	☐	☐
Discoloration	☐	☐
Varicosities	☐	☐
Spider veins	☐	☐
Ulcer	☐	☐
Bulgy veins	☐	☐
Bleeding	☐	☐
Other	☐	☐

QUALITY

	RT	LT
Undiscribable	☐	☐
Dull	☐	☐
Aching	☐	☐
Throbbing	☐	☐
Nagging	☐	☐
Sharp	☐	☐
Shooting	☐	☐
Prickly	☐	☐
Shock-like	☐	☐
Burning	☐	☐
Cramping	☐	☐
Severe	☐	☐

DURATION

Week(s) _____

Month(s) _____

Year(s) _____

RATE YOUR PAIN

1	6
2	7
3	8
4	9
5	10