

Self-Assessment

History

1. Do you have varicose veins? (Varicose veins are large, bulging veins as opposed to spider veins which are thin, branching veins that lie just beneath the skin surface.)

Yes No

Symptoms

2. Do you experience any of the following symptoms in your legs, ankles, or feet?

Yes No

Leg pain, aching or cramping

Burning or itching of the skin

Leg or ankle swelling

"Heavy" feeling in legs

Skin discolorations or texture changes, such as above the inner ankle

Open wounds or sores, such as above the inner ankle

Restless Legs

Risk Factors

3. Does anyone in your blood related family have varicose veins or been diagnosed with venous reflux?

Yes No

4. Have you had any treatments or procedures for your vein problems?

5. Has anyone in your blood related family had vein stripping?

6. Do you stand for long periods of time, such as at work?

7. Do you frequently engage in heavy lifting?

8. Have you had multiple pregnancies?

Print Assessment and Take to Your Physician