Mass Vein Care
Follow-Up Questionnaire

Name:________________________________ Date:_____________

Medical History Since Intervention

1. **Since the venous ablation, have you seen another physician?** ☐ **Yes** ☐ **No**
   If yes, for what illness or purpose?__________________________________

2. **Have your medications changed since?** ☐ **Yes** ☐ **No** ☐ **N/A**

Current Symptoms

3. **Do you currently experience any area of numbness?** ☐ **Yes** ☐ **No**

4. **Do you experience any of the following symptoms in your legs? (please check)**
   ☐ aching/pain
   Please rate this pain, 1 being painless, 10 being incredibly painful:____

   ☐ heaviness ☐ numbness/tingling ☐ tiredness/fatigue ☐ itching/burning

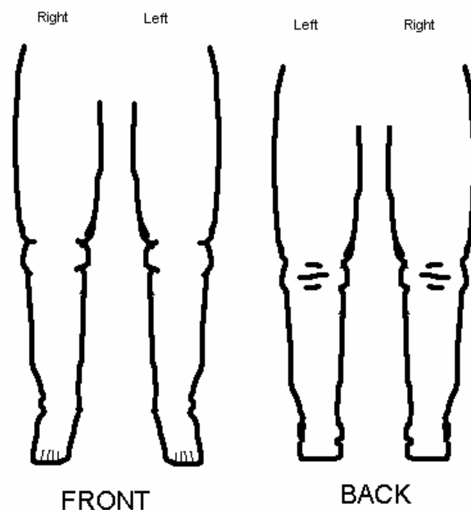
   ☐ swollen ankles ☐ leg cramps ☐ restless legs ☐ throbbing ☐ tenderness

   ☐ warm leg ☐ red leg ☐ abnormally large veins ☐ other:__________

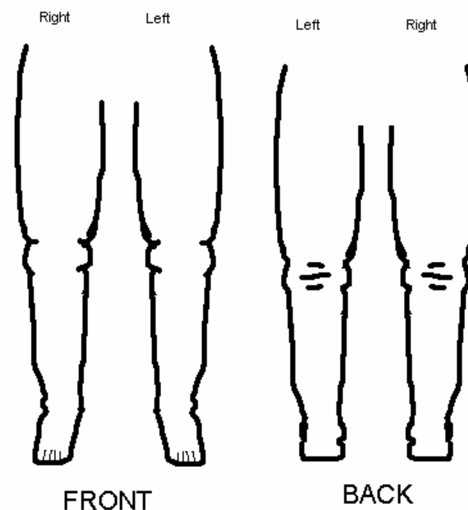
5. **How often do you have these symptoms?** ☐ Constantly ☐ Most of the time
   ☐ Sometimes ☐ Almost never/ Never

6. **Please mark the following areas with "x" on the drawings below:**

Symptomatic Areas



Areas of Cosmetic Concern



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7. How much do your symptoms restrict your activity?

- I can do frequent vigorous exercise (running, heavy lifting, strenuous sports)
- I am limited to moderate activity (moving a table, vacuuming, bowling, golf)
- I can't do more than regular walking (short errands away from home) because of my vein symptoms
- I can only do occasional walking (room to room, going to mailbox) because of my vein symptoms
- I can hardly walk at all (mainly sit or lie down) because of my veins

8. Have your veins gotten worse in recent months? Yes No

IF YES, how much has your activity been reduced in the past 4 weeks?

- I can do frequent vigorous exercise (running, heavy lifting, strenuous sports)
- I am limited to moderate activity (moving a table, vacuuming, bowling, golf)
- I can't do more than regular walking (short errands away from home) because of my vein symptoms
- I can only do occasional walking (room to room, going to mailbox) because of my vein symptoms
- I can hardly walk at all (mainly sit or lie down) because of my veins

9. Do you elevate your legs to relieve discomfort? Yes No

10. Do you wear compression stockings prescribed by your doctor? Yes No

11. Do you wear light support stockings (e.g. Sheer Energy)? Yes No

12. Do support or compression stockings provide relief? Yes No N/A

13. Do you have any problem walking? Yes No

If so, how far can you walk? Not limited Greater than 5 blocks Less than 5 blocks Less than 1 block

14. Do you stand much at home? Yes No at work? Yes No

If so, how does standing affect your legs? ________________________________