

Vein Self-Assessment

History Yes No

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.) _____

Symptoms Yes No

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

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 Yes No

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

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