

UVA Radiology Vein and Vascular Care

Vascular Screening Form

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| 1. Do you experience any of the following? | | |
| Aching/pain in your legs? | Yes | No |
| Heaviness | Yes | No |
| Tiredness/fatigue | Yes | No |
| Itching/burning | Yes | No |
| Swollen ankles | Yes | No |
| Leg cramps | Yes | No |
| Restless legs | Yes | No |
| Throbbing | Yes | No |
| Other _____ | | |
| 2. Have your veins become worse in recent months? | Yes | No |
| 3. Do you have any problem walking? | Yes | No |
| If yes, how does it affect you? _____ | | |
| 4. Do you stand much at work or home? | Yes | No |
| 5. How does standing affect your legs? _____ | | |
| 6. Do you elevate your legs to relieve discomfort? | Yes | No |
| 7. Do you wear support hose prescribed by a doctor? | Yes | No |
| If yes, how long have you worn them? _____ | | |
| If yes, do they provide relief? _____ | | |
| 8. Do you wear light support hose (e.g Sheer energy?) | Yes | No |
| If yes, do they provide relief? | Yes | No |
| 9. Have you ever had your veins evaluated before? | Yes | No |
| If yes, when and where? _____ | | |
| 10. Have you ever had any test done on your veins? | Yes | No |
| 11. Have you ever had vein-stripping surgery? | Yes | No |
| If yes, which leg and when? _____ | | |
| 12. Have you ever had vein injections? | Yes | No |
| If yes, when, where, and which leg? _____ | | |
| 13. Does anyone in your family have varicose veins, spider veins, leg ulcers or swollen legs? _____ If yes, who? _____ | | |
| 14. Have you ever had a blood clot (Deep vein thrombosis) in leg? | | |
| | Yes | No |
| If so, which leg and when? _____ | | |
| 15. Have you ever had phlebitis (inflammation of vein)? | Yes | No |
| If so when and which leg? _____ | | |
| 16. Have you every had difficult to heal wounds on your legs? | Yes | No |