

## SELF-ADMINISTERED PATIENT QUESTIONNAIRE

English Version for Italy

Many people complain about leg problems. We would like to understand how frequently these problems occur and how they impact the daily life of those affected.

Below you will find a number of symptoms, sensations, or types of discomfort that you may or may not have experienced, and that may affect your daily activities.

For each symptom or sensation, please respond as follows:

Indicate whether you have experienced what is described in each statement and, if so, the degree of intensity. There are 5 possible answers, and we ask that you circle the one that best reflects your situation.

1 if the symptom or discomfort does not apply to you.

2, 3, 4, or 5 if you have experienced it with increasing intensity.

### QUALITY OF LIFE IN CASE OF VENOUS INSUFFICIENCY

1) In the past four weeks, have you had pain in your ankles or legs, and how intense was the pain?

1 No pain | 2 Mild | 3 Moderate | 4 Severe | 5 Very intense

2) In the past four weeks, to what extent did your leg problems interfere with your work or daily activities?

1 Not at all | 2 A little | 3 Moderate | 4 Much | 5 Extremely

3) In the past four weeks, how often did you sleep poorly due to your leg problems?

1 Never | 2 Rarely | 3 Often | 4 Very often | 5 Every night

In the past four weeks, to what extent have your leg problems caused discomfort in the following movements or activities?

Please indicate the level of discomfort for each activity by circling the appropriate number.

4) Climbing several flights of stairs

1 None | 2 A little | 3 Moderate | 4 Much | 5 Impossible

5) Kneeling

1 None | 2 A little | 3 Moderate | 4 Much | 5 Impossible

6) Walking briskly

1 None | 2 A little | 3 Moderate | 4 Much | 5 Impossible

7) Attending social events (parties, weddings, etc.)

1 None | 2 A little | 3 Moderate | 4 Much | 5 Impossible

8) Playing sports

1 None | 2 A little | 3 Moderate | 4 Much | 5 Impossible

Leg problems can also affect your mood. To what extent have the following statements reflected your experience in the past four weeks?

Please circle the number that best describes your experience.

9) I feel nervous or tense

10) I feel like a burden to others

11) I am ashamed to show my legs

12) I am easily irritable

13) I feel disabled

14) I don't feel like going out

1 Not at all | 2 A little | 3 Moderately | 4 Very much | 5 Completely