

As best you can, please rate your symptoms with regards to your leg vein disease.

Circle the frequency of each of the symptoms described below as to whether they occur:

	Never	Rarely	Monthly	Weekly	Daily	Constant
Heaviness	0	1	2	3	4	5
Achiness	0	1	2	3	4	5
Swelling	0	1	2	3	4	5
Throbbing	0	1	2	3	4	5
Itching	0	1	2	3	4	5
Night Cramps	0	1	2	3	4	5

Total Score \_\_\_\_\_