Fort Bend Heart Center
Vein Screening Questionnaire

Patient Name: _____ Date: _____

Do you have or have you ever been diagnosed with:

Varicose vein problems	☐	Y	☐	N	Leg: ☐ R	☐ L
Leg or Ankle Ulcers	☐	Y	☐	N	Leg: ☐ R	☐ L
Spider Veins	☐	Y	☐	N	Leg: ☐ R	☐ L

Do you experience any of the following in your leg(s):

Aching/pain	☐	Y	☐	N	Leg: ☐ R	☐ L
Heaviness	☐	Y	☐	N	Leg: ☐ R	☐ L
Tiredness/fatigue	☐	Y	☐	N	Leg: ☐ R	☐ L
Itching/burning	☐	Y	☐	N	Leg: ☐ R	☐ L
Swelling	☐	Y	☐	N	Leg: ☐ R	☐ L
Cramps	☐	Y	☐	N	Leg: ☐ R	☐ L
Restless legs	☐	Y	☐	N	Leg: ☐ R	☐ L
Throbbing	☐	Y	☐	N	Leg: ☐ R	☐ L
Skin or ulcer problems	☐	Y	☐	N	Leg: ☐ R	☐ L

Do you do any of the following to improve the discomfort in your leg(s)?

Take Medication for pain ☐ Y ☐ N What? _____

Elevate your legs ☐ Y ☐ N What? _____

Wear support hose ☐ Y ☐ N What? _____

Personal and Family History:

Does anyone in your family have Varicose Veins? ☐ Y ☐ N If so who? _____

Have you ever been pregnant? ☐ Y ☐ N If so how many times? _____

Do you sit or stand for long periods of time? ☐ Y ☐ N For how long? _____

Do you exercise regularly? ☐ Y ☐ N How often? _____