

Venous Treatment Satisfaction Questionnaire – status (VenousTSQs)

The following questions are about your experience since treatment for your varicose veins. Now we would like to know about your experience in recent weeks, including any:

- medication
- compression stockings or bandages
- exercise
- treatment of venous ulcers

Please answer each question by circling a number on the scale and / or ticking a box.

1. How satisfied are you with your treatment for vein problems?
very satisfied 6 5 4 3 2 1 0 very dissatisfied
2. How well do you feel your vein problems are controlled now?
very well controlled 6 5 4 3 2 1 0 very poorly controlled
- 3a. In recent weeks, have you experienced any discomfort or pain related to your treatment?
no If *no*, please go straight to Q. 4a.
yes If *yes*, please answer Q. 3b below.
- 3b. How bothered are you by the discomfort or pain?
not at all bothered 6 5 4 3 2 1 0 very bothered
- 4a. In recent weeks, have you experienced any side effects or after-effects from your treatment?
no If *no*, please go straight to Q. 5a.
yes If *yes*, please answer Q. 4b below.
- 4b. How bothered are you by the side effects or after-effects?
not at all bothered 6 5 4 3 2 1 0 very bothered

NOT FOR USE: This is a shortened sample only.

For use of the full questionnaire, please contact info@healthpsychologyresearch.com