

# Venous Treatment Satisfaction Questionnaire – status

## (VenousTSQs)

The following questions are concerned with 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 checking 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 of 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](mailto:info@healthpsychologyresearch.com)

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