## Do I Need a Test for CVI?

Chronic Venous Insufficiency (CVI) is a serious circulatory problem in which the leg veins cannot pump enough blood back to your heart. It affects over 2.5 million Americans, most over the age of 40.

Symptoms of CVI include varicose veins, skin problems, leg and ankle swelling, tight calves, and legs that feel heavy, tired, restless, or achy. Factors that can increase the risk of CVI include pregnancy, obesity, smoking, standing or sitting for long periods of time and not getting enough exercise.

Answers to these questions will help determine if you are at risk for CVI and if a vascular exam will help us better assess your vascular health status.

Name:	Date:	
Please circle either Yes or No		
1. Are your legs swollen, painful, red or warm to the touch?		— Yes / No
2. Have you had a blood clot in a vein that caused inflammation, pain or irritation? ——		- Yes/No
3. Do you have varicose veins (veins that are enlarge	ed or swollen and raised	
above the surface of the skin) in the legs? ————————————————————————————————————		— Yes/No
4. Have you had a Deep Vein Thrombosis (DVT) in	the past and are experiencing	
pain, swelling, changes in skin color, cellulites, or non-healing ulcers? —————		- Yes/No
5. Do your legs feel heavy, tired, restless or achy? ————————————————————————————————————		Yes / No
6. If you push on your swollen foot, ankle or leg for		
does your fingerprint leave a dimple? ————————————————————————————————————		- Yes / No
7. If your feet, ankles and legs are swollen, does the skin look stretched or shiny? ———		
8. Do you have an ulcer on the inside of your ankle? ————————————————————————————————————		— Yes / No
9. Are you presently employed? ————————————————————————————————————		Yes / No
Type of Work		
10. Is there prolonged sitting or standing? ————————————————————————————————————		- Yes / No
Have you been treated with any of the following:		
Support/Compression Hose? ————  If yes, type, strength and how long?		Yes / No
in yes, eype, strength and now long.		
2. Injections/sclerotherapy	——Yes / No	
3. Vein stripping ————————————————————————————————————	Yes / No	
4. Stab phlebectomy ————————————————————————————————————	—— Yes / No	
Have you had a venous duplex scan of the legs?——	Yes / No	
if so, where and when		