

DVT-LSI

For the next set of questions, I will be asking about your feelings and symptoms of your left and right legs. Please indicate how much of a problem these symptoms have caused you over the past seven days.

		No Problem	A little Problem	Somewhat a Problem	Quite a bit of a Problem	Very Much a Problem	
1.	Do you have any swelling in your <u>(left or right)</u> leg?	<u>Left</u> 0	1	2	3	4	1L.____
		<u>Right</u> 0	1	2	3	4	1R.____
2.	Do you have discomfort or pain in your <u>(left or right)</u> leg when walking or standing for long periods of time?	<u>Left</u> 0	1	2	3	4	2L.____
		<u>Right</u> 0	1	2	3	4	2R.____
3.	Do you have problems sleeping due to nighttime leg cramping or aching in your <u>(left or right)</u> leg?	<u>Left</u> 0	1	2	3	4	3L.____
		<u>Right</u> 0	1	2	3	4	3R.____

For the next four questions, I am going to describe some symptoms commonly experienced by people with a DVT. Please indicate how true each statement is for you during the past seven days.

		Not at all	A little bit	Somewhat	Quite a bit	Very Much	
4.	I have skin discoloration on my <u>(left or right)</u> leg.	<u>Left</u> 0	1	2	3	4	4L.____
		<u>Right</u> 0	1	2	3	4	4R.____
5.	I dislike the overall appearance of my <u>(left or right)</u> leg.	<u>Left</u> 0	1	2	3	4	5L.____
		<u>Right</u> 0	1	2	3	4	5R.____
6.	I have to decrease/stop walking/exercise due as a result of pain in my <u>(left or right)</u> leg.	<u>Left</u> 0	1	2	3	4	6L.____
		<u>Right</u> 0	1	2	3	4	6R.____
7.	I am upset or sad about the appearance of my <u>(left or right)</u> leg.	<u>Left</u> 0	1	2	3	4	7L.____
		<u>Right</u> 0	1	2	3	4	7R.____