INSTRUCTIONS
HOW TO ANSWER:
Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

These questions are about your leg problem(s).

1. During the past 4 weeks, how often have you had any of the following leg problems?

(check one box on each line)	**Every day**	**Several times a week**	**About once a week**	**Less than once a week**	**Never**
1. Heavy legs	☐1	☐2	☐3	☐4	☐5
2. Aching legs	☐1	☐2	☐3	☐4	☐5
3. Swelling	☐1	☐2	☐3	☐4	☐5
4. Night cramps	☐1	☐2	☐3	☐4	☐5
5. Heat or burning sensation	☐1	☐2	☐3	☐4	☐5
6. Restless legs	☐1	☐2	☐3	☐4	☐5
7. Throbbing	☐1	☐2	☐3	☐4	☐5
8. Itching	☐1	☐2	☐3	☐4	☐5
9. Tingling sensation (e.g.pins and needles)	☐1	☐2	☐3	☐4	☐5

2. At what time of day is your **leg problem** most intense ? *(check one)*

☐1 On waking
☐2 At mid-day
☐3 At the end of the day
☐4 During the night
☐5 At any time of day
☐6 Never

3. Compared to one year ago, how would you rate your **leg problem** in general now? *(check one)*

☐1 Much better now than one year ago
☐2 Somewhat better now than one year ago
☐3 About the same now as one year ago
☐4 Somewhat worse now than one year ago
☐5 Much worse now than one year ago
☐6 I did not have any leg problem last year

4. The following items are about activities that you might do in a typical day. Does your **leg problem** now limit you in these activities? If so, how much ?

	(Check one box on each line)	**I do not work**	**YES, Limited A Lot**	**YES, Limited A Little**	**NO, Not Limited At All**
a.	Daily activities at work	☐0	☐1	☐2	☐3
b.	Daily activities at home (e.g. housework, ironing, doing odd jobs/repairs around the house, gardening, etc...)		☐1	☐2	☐3
c.	Social or leisure activities in which you are standing for long periods (e.g. parties, weddings, taking public transportation, shopping, etc...)		☐1	☐2	☐3
d.	Social or leisure activities in which you are sitting for long periods (e.g. going to the cinema or the theater, travelling, etc...)		☐1	☐2	☐3

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your **leg problem**?

	(check one box on each line)	**YES**	**NO**
a.	Cut down the **amount of time** you spent on work or other activities	☐1	☐2
b.	**Accomplished less** than you would like	☐1	☐2
c.	Were limited in the **kind** of work or other activities	☐1	☐2
d.	Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐1	☐2

6. During the past 4 weeks, to what extent has your leg problem interfered with your normal social activities with family, friends, neighbors or groups? *(check one)*

☐1 Not at all
☐2 Slightly
☐3 Moderately
☐4 Quite a bit
☐5 Extremely

7. How much leg pain have you had during the past 4 weeks? *(check one)*

☐1 None
☐2 Very mild
☐3 Mild
☐4 Moderate
☐5 Severe
☐6 Very severe

8. These questions are about how you feel and how things have been with you during the past 4 weeks as a result of your **leg problem**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

	(check one box on each line)	**All of the Time**	**Most of the Time**	**A Good Bit of the Time**	**Some of the Time**	**A Little of the Time**	**None of the Time**
a.	Have you felt concerned about the appearance of your leg(s) ?	☐1	☐2	☐3	☐4	☐5	☐6
b.	Have you felt irritable ?	☐1	☐2	☐3	☐4	☐5	☐6
c.	Have you felt a burden to your family or friends ?	☐1	☐2	☐3	☐4	☐5	☐6
d.	Have you been worried about bumping into things ?	☐1	☐2	☐3	☐4	☐5	☐6
e.	Has the appearance of your leg(s) influenced your choice of clothing ?	☐1	☐2	☐3	☐4	☐5	☐6

Thank you for your help.

Please write today's date: _____/_____/_______ *(day/month/year)*