The Rane Center

Quality of Life Questionnaire

Last Name:		First Name:						
SSN:	Date of Birth:/ Date of Last Surgery(if any):/							
Appointment Date://								
Answer Selection: Correct = ● Inc	orrect =	-× & ⊕						
Are you a New Patient? Yes O		Side of Lo Both:	eg Problem	or Left Right Both	O O O			
		No pain	Little Pain	Moderate Pain	Strong Pain	Intense Pain		
How much pain do you feel in your legs	s?	0	0	0	0	0		
For the last four weeks:	Never	Seldom	Often	Frequentl	Every Day/Nig			
How often do your legs bother you while sleeping?	0	0	0	0	0	0		
How often do your legs bother you in the morning?	0	0	0	0	0	0		
For the last four weeks:	No	A Little	Moderatel	y Very Muc	h Extrem	ely N/A		
Do your legs bother you while at work?	0	0	0	0	0	0		
Do your legs bother you while standing?	0	0	0	0	0	0		
Do your legs bother you while climbing?	0	0	0	0	0	0		
Do your legs bother you while crouching/kneeling?	0	0	0	0	0	0		
Do your legs bother you while walking briskly?	0	0	0	0	0	0		

Answer Selection: Correct = ● I	Incorrect =Ⅸ	$\otimes \ominus$
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For the last four weeks:	No	A Little	Moderately	Very Much	Extremely	N/A
Do your legs bother you while traveling by car, bus, or plane?	0	0	0	0	0	0
Do your legs bother you while doing housework?	0	0	0	0	0	0
Do your legs bother you during social functions?	0	0	0	0	0	0
Do your legs bother you while playing sports/strenuous activity?	0	0	0	0	0	0
Do your legs make you feel on edge?	0	0	0	0	0	0
For the last four weeks:	Never	Seldom	Often	Frequently	All the Time	N/A
Do your legs make you become tired easily?	0	0	0	0	0	0
Do your legs make you feel you are a burden to people?	0	0	0	0	0	0
Do you always take precautions such as stretching your legs or avoiding standing for a long time?	0	0	0	0	0	0
Are you embarrassed to show your legs?	0	0	0	0	0	0
Do your legs make you get irritated easily?	0	0	0	0	0	0
Do your legs make you feel handicapped?	0	0	0	0	0	0
I do not feel like going out.	0	0	0	0	0	0