

Vascular Quality of Life (VascuQoL-6)

A) Because of the poor circulation in my legs, the range of activities that I would have liked to do in the past two weeks has been.

1. Severely limited, most activities not done 2. Very limited
3. Very slightly limited 4. Not limited at all, have done all the activities that I wanted to

B) During the past two weeks, my legs felt tired or weak.

1. All of the time 2. Some of the time
3. A little of the time 4. None of the time

C) During the past two weeks, because of the poor circulation in my legs, my ability to walk has been.

1. Totally limited, couldn't walk at all 2. Very limited
3. A little limited 4. Not at all limited

D) During the past two weeks, I have been concerned about having poor circulation in my legs.

1. All of the time 2. Some of the time
3. A little of the time 4. None of the time

E) During the past two weeks, because of the poor circulation in my legs, my ability to participate in social activities have been.

1. Totally limited, couldn't socialize at all 2. Very limited
3. A little limited 4. Not at all limited

F) During the past two weeks, when I have had pain in the leg (or foot) it has given me.

1. A great deal of discomfort or distress 2. A moderate amount of discomfort or distress
3. Very little discomfort or distress 4. No discomfort or distress

Total Score: _____

Patient Name: _____ Patient Signature: _____ Date: _____

Clinician Name: _____ Clinician Signature: _____ Date: _____