

# Reno Vein Clinic

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## VEIN QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: M / F HEIGHT: FT \_\_\_ Inches \_\_\_ WEIGHT: \_\_\_\_\_

Only your doctor can determine if you are at risk for Deep Vein Thrombosis (DVT), a blood clot that forms in one of the deep veins of your legs. A review of your personal history and current health may determine if you are at risk for developing this condition. Take a moment to complete this form.

### **DIRECTIONS:**

1. Check all statements that apply to you.
2. Enter the number of points for each of your checked statements in the space at right.
3. Add up all points to reach your total DVT Risk Score.

### **Add 1 point for each of the following statements that apply now or within the past month:**

- Age 41 – 60 years \_\_\_\_\_
- Minor surgery (less than 45 minutes) is planned \_\_\_\_\_
- Past major surgery (more than 45 minutes) within the last month \_\_\_\_\_
- Visible varicose veins \_\_\_\_\_
- A history of Inflammatory Bowel Disease (IBD) (for example, Crohn's disease or ulcerative colitis) \_\_\_\_\_
- Swollen legs (current) \_\_\_\_\_
- Overweight or obese (Body Mass Index above 25) \_\_\_\_\_
- Heart attack \_\_\_\_\_
- Congestive heart failure \_\_\_\_\_
- Serious infection (for example, pneumonia) \_\_\_\_\_
- Lung disease (for example, emphysema or COPD) \_\_\_\_\_
- On bed rest or restricted mobility, including a removable leg brace for less than 72 hours \_\_\_\_\_
- Other risk factors (1 point each: smoking, diabetes requiring insulin, chemotherapy, blood transfusions, length or surgery over 2 hours) \_\_\_\_\_

### **For women only: Add 1 point for each of the following statements that apply:**

- Current use of birth control or Hormone Replacement Therapy (HRT) \_\_\_\_\_
- Pregnant or had a baby within the last month \_\_\_\_\_
- History of unexplained stillborn infant, recurrent spontaneous abortion, premature birth with toxemia or growth restricted infant. \_\_\_\_\_

### **Add 2 points for each of the following statements that apply:**

- Age 61 – 74 \_\_\_\_\_
- Current or past malignancies (excluding skin cancer, but not melanoma) \_\_\_\_\_
- Planned major surgery lasting longer than 45 minutes (including laparoscopic and arthroscopic) \_\_\_\_\_
- Non-removable plaster cast or mold that has kept you from moving your leg within the last month \_\_\_\_\_
- Tube in blood vessel in neck or chest that delivers blood \_\_\_\_\_
- Confined to a bed for 72 hours or more \_\_\_\_\_

### **Add 3 points for each of the following statements that apply:**

- Age 75 or over \_\_\_\_\_
- History of blood clots, either Deep Vein Thrombosis (DVT) or a Pulmonary Embolism (PE) \_\_\_\_\_
- Family history of blood clots (thrombosis) \_\_\_\_\_
- Personal or family history of positive blood test indicating an increased risk of blood clotting \_\_\_\_\_

### **Add 5 points for each of the following statements that apply now or within the past month:**

- Elective hip or knee joint replacement surgery \_\_\_\_\_
- Broken hip, pelvis or leg \_\_\_\_\_
- Serious trauma (for example, multiple broken bones due to a fall or car accident) \_\_\_\_\_
- Spinal cord injury resulting in paralysis \_\_\_\_\_
- Experienced a stroke \_\_\_\_\_

### **Add up all your points to get your total Caprini DVT Risk Score \_\_\_\_\_**

- Risk scores may indicate your odds of developing a DVT during major surgery or while being hospitalized for a serious illness.
- Airplane passengers who fly more than 5 hours may also be at risk for DVT.
- If you have 0-2 risk factors, your DVT risk is small.

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**Please circle your answers to the following:**

- **Do you have:** Diabetes      High blood pressure      Heart failure
- **Have you ever smoked:**      Never      Now      Quit
- **Do you take:** **Coumadin**      aspirin      Plavix      Ticlid      Pletal      Aggrenox
- **I have the following symptoms in my legs:**      aching      throbbing      itching      swelling  
heaviness      fatigue      burning      calf cramping at night      leg ulcer  
unsightly/(cosmetic) leg veins
- **Which leg is affected:**      Left      Right
- **Have you ever used compression stockings:**      Yes      No      Refuse to wear
- **Do you have a family history of varicose veins:**      Yes      No      Unknown

**The intensity of my leg pain is best described as:**      none      light      moderate      strong      intense

**I am limited by my discomfort:**      not at all      slightly      moderately      very limited      extremely

**My sleeping is interrupted by my leg pain:**      never      seldom      fairly often      often      every night

**Standing for a long period of time is :**      possible      tolerable      impossible