



American Vein & Lymphatic Society

Registry

Upload-My-Data file specification

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Glossary of terms and definitions

Field separator

The **Field Separator** is a character that is used to separate the values between fields. Any suitable character may be used, as long as it does not occur in any of the defined field values. The recommended field separator is a **TAB** character, although punctuation characters like a vertical bar or a caret may also be used. We recommend that files do not use a comma as a field separator as this can cause problems, such as when saving files into a text format from an Excel file.

Multi-choice separator

The **Multi-choice Separator** (MCS) is a character that is used to separate values within a multi-choice field, which may contain one or more coded values. This separator should be included in the first column of each row of every upload file. The separator may be a vertical bar, a semi-colon, a caret, *etc.* as long as it is a character that will not occur in any of the multi-choice codes for any field and is different from the field separator. We recommend that files do not use a comma as a field separator as this can cause problems, such as when saving files into a text format from an Excel file.

Layout specification version

The **Layout Specification Version** is the version of layout defined by this specification. For this specification the column should contain the value 1.6. This allows the Upload-My-Data utility to check that the data files being imported are interpreted using the correct definition set.

Submit Group code (SUBMITCODE)

The **Submit Group** code is an alpha code that is used to identify the group to which the data belong. The code will be provided to each user who is registered on the system by the Project / Dendrite administration team. Each record in the upload files must be tagged with a valid Submit Group code, otherwise the file will be rejected out-of-hand.

Demographic Identifier (DEMOGID)

DEMOGID is a value that uniquely identifies each patient within a batch of UMD files. Only one patient record is created for each DEMOGID. If there are multiple baseline records for a given patient, they must all have the same DEMOGID. This will typically be an integer value, such as a RowId from the source database's demographic data table. For systems with a patient demographic file the DEMOGID is also used to link Baseline records to the patient file

IMPORTLINKID

The **IMPORTLINKID** is an integer value that is used to identify each encounter record in the baseline upload file. It is also used to link the data in the baseline upload file to the other upload files in the set, since every record must ultimately belong to a parent baseline record. This can be any value, but typically is the RowId from the source database. This is a required field in all files.

IMPORTCHILDDID

The **IMPORTCHILDDID** is an integer value that is used to identify individual records in Investigations, Treatment, and Followup upload files. It is used primarily as a way of linking the data in these files back to the original source database records. This can be any value, but typically is the RowId from the source database followup or subprocedure table. IMPORTCHILDDID should be included as it greatly simplifies debugging where records need to be traced back to, and corrected in, the source database.

Importance

This can be one of the values: mandatory, desirable or optional.

1. **Mandatory** must be present in the record; any record with missing mandatory data will **not** be imported into the database.
2. **Desirable** deemed to be important for data analysis, but not a requisite for an entry in the merged registry.
3. **Optional** part of the minimum dataset, but neither mandatory nor desirable.

If mandatory or desirable is marked with an asterisk (*) it indicates that the importance is conditional; *i.e.*, it may only be mandatory / desirable if another question has been answered with a certain option (or options).

Database field types

Date

All date data must be in ODBC format: yyyy-mm-dd *e.g.*, 2012-04-23

Time

All time data must be in ODBC format: hh:nn:ss *e.g.*, 12:43:22

SingleChoice

One code from the specified list.

TableSingleChoice

One code value. The code only, not description. The codes will be listed with the question unless there are a large number, when the codes will be listed in a separate table at the end of the document.

MultiChoice

One or more code values. The code(s) only, not descriptions. The codes will be listed with the question unless there are a large number, when the codes will be listed in a separate table at the end of the document. Multiple codes should be separated by your defined delimiter of choice (see [Multi-choice Separator on page 1](#)); *e.g.*, ,1;2;3.

Integer

A whole number such as 1 or 25 or 55 or 105, providing the constraints are not breached.

Floating point

Numeric values like 0.54 or 243.21, providing the constraints are not breached. Validation allows use of a comma as decimal point for compatibility with many European locales.

String

Any combination of characters excepting control characters. Only a single line of text is permitted; control characters such as carriage returns are not acceptable. The following control characters can be included by substituting the appropriate token(s) in the code:

1. Tab ASCII 9 [[TAB]]
2. Line feed ASCII 10 [[LF]]
3. Carriage return ASCII 13 [[CR]]

Other conditions / limitations for specific string fields are detailed on a field-by-field basis.

DayMonthYear

A possibly partially incomplete date in ODBC format. Acceptable formats include:

1. yyyy where only the year is known
2. yyyy-mm where the year **and** month are known
3. yyyy-mm-dd where the year **and** month **and** day are known

Fileset

When using the Upload-My-Data portal to submit data to the AVLS registry, the user must provide a set of 15 related files; one for patient data (demographics), two for baseline data, one for diagnostic data, and nine for the various treatments, and then one final file for the patient's follow up data.

If the Submit Group code were SGC, then the files would be named:

- AVLS_SGC_Patient.txt
- AVLS_SGC_BaselineA.txt
- AVLS_SGC_Investigations.txt
- AVLS_SGC_Surgery.txt
- AVLS_SGC_Sclerotherapy.txt
- AVLS_SGC_EVLA.txt
- AVLS_SGC_RFA.txt
- AVLS_SGC_MOCA.txt
- AVLS_SGC_Cyanoacrylate.txt
- AVLS_SGC_PVEmbolization.txt
- AVLS_SGC_Stent.txt
- AVLS_SGC_ChemicalAblation.txt
- AVLS_SGC_ConservativeTherapy.txt
- AVLS_SGC_BaselineB.txt
- AVLS_SGC_Followup.txt

The remainder of this document provides the specification for the content of each file. The full set of 15 files must be loaded for each upload. If there are no data for a particular file (for example, there are no data for a given treatment), then the prescribed file should be uploaded with **just** the specified header row.

The order of the fields within each file is not important; the Upload-My-Data program will accept the data in any column order.

Schema for the upload files

The diagram opposite is a visual representation of the way in which the files in the AVLS Registry Upload-My-Data fileset relate to one another.

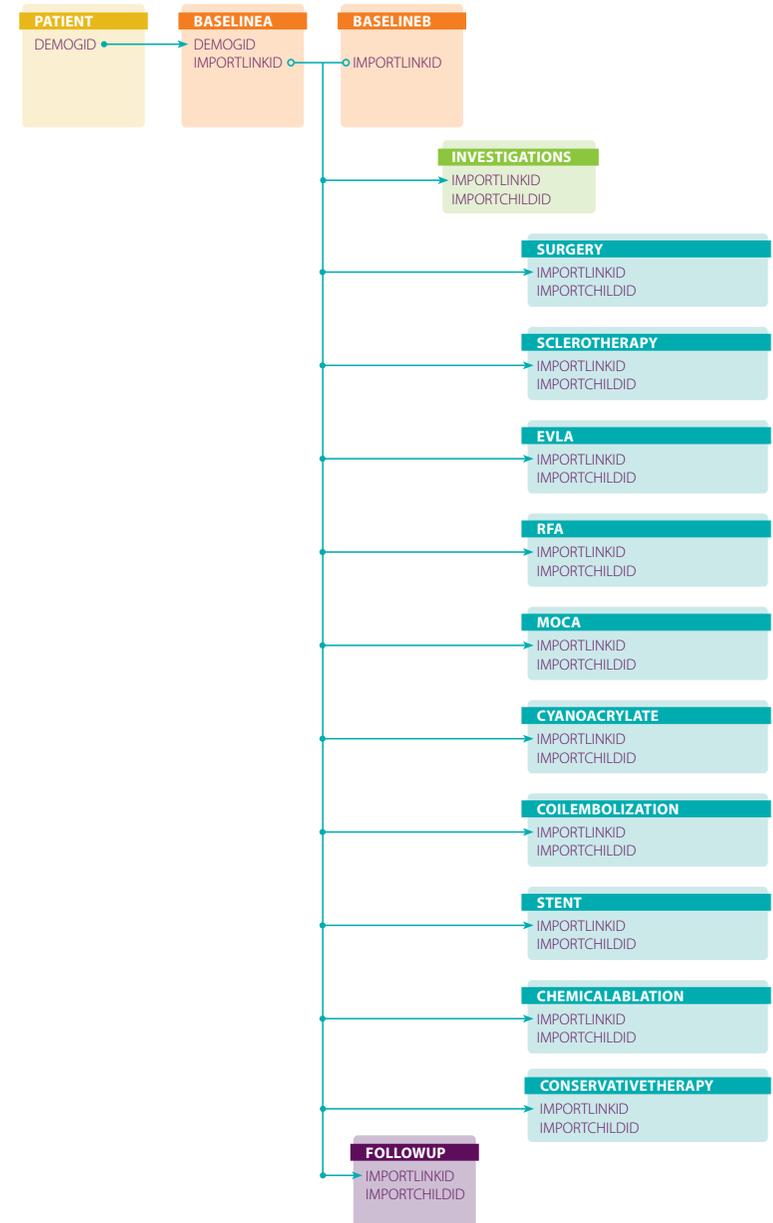
The primary table is the **patient** table, which contains the basic, unchanging data for each patient, such as an unique identifier, the patient's gender and date-of-birth. All entries in the registry baseline tables must have a corresponding entry in the patient table, otherwise they would be *orphaned* in the system.

The demographic data in the patient table are linked to the data in the BaselineA table in a one-to-many relationship (•→) via the **DEMOGID**. The **baseline** tables, which are linked together in a one-to-one relationship (o—o) via the **IMPORTLINKID**, contain the top-level data on the patient's risk factors at the time of first assessment, together with various clinical history and disease assessment data, and post-treatment systemic outcomes.

The **diagnosis** table contains diagnostic assessments for each of a number of veins in the pelvis and legs; each **SIDE - VEINTREATED** combination should be represented only once *per* **IMPORTLINKID** in this file. The pelvic veins do not require data on the vein diameter (**MAXIMUMVEINDIAMETERMMFINDINGS**), nor on reflux duration (**REFLUXDURATIONSECS**).

Each of the **treatment** tables is linked to the baseline data via the **IMPORTLINKID** in a one-to-many relationship (•→); each named set of treatment data can be repeated as many times as necessary for each baseline entry. So, each treatment file can have multiple rows with the same **IMPORTLINKID**; each of these rows should be for a separate procedure. If the patient has not had the specified treatment, then the **IMPORTLINKID** should not be represented in that particular treatment file.

The database can take as many dated **follow up** entries *per* patient as are available. Each date of follow up should be unique *per* **IMPORTLINKID**.



Change log

Changes moving from version 1.5 to version 1.6

AVLS.BaselineA

1. **HEIGHT_INCHES** **changed** from Integer to FloatingPoint
2. **WEIGHT** absolute range **changed** to 50-600 lbs.
3. **CURRENTLYPREGNANT** **added** into the table
4. **COVID19RNATESTPOSITIVE** **added** into the table
5. **DATEOFCOVID19POSITIVETEST** **added** into the table
6. **COVID19ANTIBODYTESTPOSITIVE** **added** into the table
7. **DATEOFCOVID19ANTIBODYPOSITIVETEST** **added** into the table
8. **PASTANTICOAGULATIONTHERAPY** option 5 **added** as Rivaroxaban (Xarelto)
9. **PASTANTICOAGULATIONTHERAPY** option 6 **added** as Apixaban (Eliquis)
10. **PASTANTICOAGULATIONTHERAPY** option 7 **added** as Dabigatran (Pradaxa)
11. **PASTANTICOAGULATIONTHERAPY** option 8 **added** as Edoxaban (Savaysa)
12. **PASTANTICOAGULATIONTHERAPY** option 9 **added** as Betrixaban (BevyxXa)
13. **CURRENTANTICOAGULATIONTHERAPY** text option None **re-coded** from 1 to 0
14. **CURRENTANTICOAGULATIONTHERAPY** text option Warfarin **re-coded** from 2 to 1
15. **CURRENTANTICOAGULATIONTHERAPY** text option Factor Xa Inhibitor **re-coded** from 3 to 2
16. **CURRENTANTICOAGULATIONTHERAPY** text option Heparin **re-coded** from 4 to 3
17. **CURRENTANTICOAGULATIONTHERAPY** text option Thrombin inhibitor **re-coded** from 5 to 4
18. **CURRENTANTICOAGULATIONTHERAPY** option 5 **added** as Rivaroxaban (Xarelto)
19. **CURRENTANTICOAGULATIONTHERAPY** option 6 **added** as Apixaban (Eliquis)
20. **CURRENTANTICOAGULATIONTHERAPY** option 7 **added** as Dabigatran (Pradaxa)
21. **CURRENTANTICOAGULATIONTHERAPY** option 8 **added** as Edoxaban (Savaysa)
22. **CURRENTANTICOAGULATIONTHERAPY** option 9 **added** as Betrixaban (BevyxXa)
23. **CLINICALSIGNSGRADECLLEFTLEG** option 0 **changed** to C0 - No Venous Disease
24. **CLINICALSIGNSGRADECLLEFTLEG** option 1 **changed** to C1 - Spider or Reticular Veins

25. **CLINICALSIGNSGRADECLEFTLEG** option 2 **changed** to C2 - Varicose Veins
26. **CLINICALSIGNSGRADECLEFTLEG** option 3 **changed** to C2r – Recurrent Varicose Veins
27. **CLINICALSIGNSGRADECLEFTLEG** option 4 **changed** to C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease
28. **CLINICALSIGNSGRADECLEFTLEG** option 5 **changed** to C4a - Pigmentation; Eczema
29. **CLINICALSIGNSGRADECLEFTLEG** option 6 **changed** to C4b - Lipodermatosclerosis; Atrophied Blanche
30. **CLINICALSIGNSGRADECLEFTLEG** option 7 **changed** to C4c – Corona Phlebectacia
31. **CLINICALSIGNSGRADECLEFTLEG** option 8 **added** as C5 - Healed Venous Ulcer
32. **CLINICALSIGNSGRADECLEFTLEG** option 9 **added** as C6 - Active Venous Ulcer
33. **CLINICALSIGNSGRADECLEFTLEG** option 10 **added** as C6r – Recurrent Active Venous Ulcer
34. **CLINICALSIGNSGRADECRIGHTLEG** option 0 **changed** to C0 - No Venous Disease
35. **CLINICALSIGNSGRADECRIGHTLEG** option 1 **changed** to C1 - Spider or Reticular Veins
36. **CLINICALSIGNSGRADECRIGHTLEG** option 2 **changed** to C2 - Varicose Veins
37. **CLINICALSIGNSGRADECRIGHTLEG** option 3 **changed** to C2r – Recurrent Varicose Veins
38. **CLINICALSIGNSGRADECRIGHTLEG** option 4 **changed** to C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease
39. **CLINICALSIGNSGRADECRIGHTLEG** option 5 **changed** to C4a - Pigmentation; Eczema
40. **CLINICALSIGNSGRADECRIGHTLEG** option 6 **changed** to C4b - Lipodermatosclerosis; Atrophied Blanche
41. **CLINICALSIGNSGRADECRIGHTLEG** option 7 **changed** to C4c – Corona Phlebectacia
42. **CLINICALSIGNSGRADECRIGHTLEG** option 8 **added** as C5 - Healed Venous Ulcer
43. **CLINICALSIGNSGRADECRIGHTLEG** option 9 **added** as C6 - Active Venous Ulcer
44. **CLINICALSIGNSGRADECRIGHTLEG** option 10 **added** as C6r – Recurrent Active Venous Ulcer
45. **LOCATIONOFCOMPRESSIONTREATMENT** **removed** from the table
46. **DATEOFCOMPRESSIONTREATMENTFORLEFTLEG** **removed** from the table
47. **COMPRESSIOTHERAPYFORLEFTLEG** **removed** from the table
48. **REGIMEFORLEFTLEG** **removed** from the table
49. **DURATIONDAYNIGHTFORLEFTLEG** **removed** from the table

50. **DURATIONDAYSONLYFORLEFTLEG removed** from the table
51. **STOCKINGCLASSMMHGFORLEFTLEG removed** from the table
52. **STOCKINGTYPEFORLEFTLEG removed** from the table
53. **STOCKINGSTIFFNESSFORLEFTLEG removed** from the table
54. **STOCKINGBRANDNAMEFORLEFTLEG removed** from the table
55. **OTHERSTOCKINGBRANDNAMEFORLEFTLEG removed** from the table
56. **BANDAGETYPEFORLEFTLEG removed** from the table
57. **OTHERBANDAGETYPEFORLEFTLEG removed** from the table
58. **PUMPTYPEFORLEFTLEG removed** from the table
59. **OTHERPUMPBRANDFORLEFTLEG removed** from the table
60. **DATEOFCOMPRESSIONTREATMENTFORRIGHTLEG removed** from the table
61. **COMPRESSIONTHERAPYFORRIGHTLEG removed** from the table
62. **REGIMEFORRIGHTLEG removed** from the table
63. **DURATIONDAYNIGHTFORRIGHTLEG removed** from the table
64. **DURATIONDAYSONLYFORRIGHTLEG removed** from the table
65. **STOCKINGCLASSMMHGFORRIGHTLEG removed** from the table
66. **STOCKINGTYPEFORRIGHTLEG removed** from the table
67. **STOCKINGSTIFFNESSFORRIGHTLEG removed** from the table
68. **STOCKINGBRANDNAMEFORRIGHTLEG removed** from the table
69. **OTHERSTOCKINGBRANDNAMEFORRIGHTLEG removed** from the table
70. **BANDAGETYPEFORRIGHTLEG removed** from the table
71. **OTHERBANDAGETYPEFORRIGHTLEG removed** from the table
72. **PUMPTYPEFORRIGHTLEG removed** from the table
73. **OTHERPUMPBRANDFORRIGHTLEG removed** from the table
74. New section on **Previous compression therapy** added

75. PREVIOUSCOMPRESSIONTREATMENT added into the table
76. REASONFORUSEOFPRIORCOMPRESSIONTHERAPY added into the table
77. LENGTHOFTIMEPRIORCOMPRESSIONTHERAPYUTILIZED added into the table
78. LEGSPREVIOUSLYTREATEDWITHCOMPRESSIONTHERAPY added into the table
79. LOCATIONOFPREVIOUSCOMPRESSIONTREATMENT added into the table
80. DETAILSOFOTHERLOCATIONFORPREVIOUSCOMPRESSIONTHERAPY added into the table
81. STOCKINGTYPEFORLEFTLEG added into the table
82. COMPRESSIONLEVELAPPLIEDPRESCRIBEDLEFTLEG added into the table
83. DETAILSOFOTHERLEVELOFCOMPRESSIONLEFTLEG added into the table
84. COMPRESSIONREGIMEFORLEFTLEG added into the table
85. STOCKINGTYPEFORRIGHTLEG added into the table
86. COMPRESSIONLEVELAPPLIEDPRESCRIBEDRIGHTLEG added into the table
87. DETAILSOFOTHERLEVELOFCOMPRESSIONRIGHTLEG added into the table
88. COMPRESSIONREGIMEFORRIGHTLEG added into the table
89. PRESCRIBEDFREQUENCY added into the table
90. COMPLIANCEWITHPRESCRIBEDTREATMENT added into the table
91. ACTUALFREQUENCY added into the table
92. REASONFORNONCOMPLIANCE added into the table
93. PRIORGYNECOLOGICINTERVENTIONS options re-coded as 0 (No) & 1 (Yes)
94. RECENTSURGERY3MONTHS options re-coded as 0 (No) & 1 (Yes)
95. RECENTIMMOBILIZATION3MONTHS options re-coded as 0 (No) & 1 (Yes)

AVLS.BaselineB

1. BRUISINGBLEEDING options re-coded as 0 (No) & 1 (Yes)
2. PAIN options re-coded as 0 (No) & 1 (Yes)
3. ACCESSSITEIRRITATION options re-coded as 0 (No) & 1 (Yes)

4. **ACCESSSITEINFECTION** options **re-coded** as 0 (No) & 1 (Yes)
5. **SKINSTAINING** options **re-coded** as 0 (No) & 1 (Yes)
6. **SUPERFICIALTHROMBOPHLEBITIS** options **re-coded** as 0 (No) & 1 (Yes)
7. **DVT** options **re-coded** as 0 (No) & 1 (Yes)
8. **PERIPHERALNEUROPATHY** options **re-coded** as 0 (No) & 1 (Yes)
9. **TYPEIALLERGICREACTION** options **re-coded** as 0 (No) & 1 (Yes)
10. **TYPEIVALLERGICREACTION** options **re-coded** as 0 (No) & 1 (Yes)
11. **CATHETERPROBLEMFRACTURE** options **re-coded** as 0 (No) & 1 (Yes)
12. **RETAINEDFOREIGNBODY** options **re-coded** as 0 (No) & 1 (Yes)
13. **EHIT** options **re-coded** as 0 (No) & 1 (Yes)
14. **EHITSCORE** options **re-coded** as 0 (No) & 1 (Yes)
15. **STOKETIA** options **re-coded** as 0 (No) & 1 (Yes)
16. **MI** options **re-coded** as 0 (No) & 1 (Yes)
17. **BLEEDINGREQUIRINGTRANSFUSION** options **re-coded** as 0 (No) & 1 (Yes)
18. **SUSTAINEDARRHYTHMIAPOSTPROCEDUREAFIBVTACHVFIB** options **re-coded** as 0 (No) & 1 (Yes)
19. **ALLERGICREACTION** options **re-coded** as 0 (No) & 1 (Yes)
20. **PULMONARYEMBOLISM** options **re-coded** as 0 (No) & 1 (Yes)

AVLS.Surgery and all other treatment tables

1. **VEINTREATED** associated field title **changed** to Vein anatomy
2. **VEINTREATED** option 22 **changed** from Proximal Posterior Tibial Vein to Posterior Tibial Vein
3. **VEINTREATED** new options **added** numbered 76-89
4. **PROCEDURALANTICOAGULATIONTHERAPY** option 4 **added** as Rivaroxaban (Xarelto)
5. **PROCEDURALANTICOAGULATIONTHERAPY** option 5 **added** as Apixaban (Eliquis)
6. **PROCEDURALANTICOAGULATIONTHERAPY** option 6 **added** as Dabigatran (Pradaxa)
7. **PROCEDURALANTICOAGULATIONTHERAPY** option 7 **added** as Edoxaban (Savaysa)
8. **PROCEDURALANTICOAGULATIONTHERAPY** option 8 **added** as Betrixaban (BevyxXa)

AVLS.Surgery

1. **VEINSLIGATED** **added** into the table
2. **INCISIONSCLOSEDWITHSUTURE** **added** into the table
3. **PHLEBECTOMYLOCATION** **added** into the table

AVLS.EVLA

1. **TUMESCENCEVOLUMECC** **added** into the table
2. **SITEOFCANNULATION** option 1 **changed** to Proximal thigh
3. **SITEOFCANNULATION** option 2 **changed** to Mid thigh
4. **SITEOFCANNULATION** option 3 **changed** to Distal thigh
5. **SITEOFCANNULATION** option 4 **changed** to Knee
6. **SITEOFCANNULATION** option 5 **changed** to Proximal calf
7. **SITEOFCANNULATION** option 6 **changed** to Mid calf
8. **SITEOFCANNULATION** option 7 **changed** to Lower calf
9. **SITEOFCANNULATION** option 8 **added** as Ankle

AVLS.RFA

1. **LENGTHOFTREATEDVEINRF** **removed** from the table
2. **LENGTHOFTREATEDVEIN** **added** into the table
3. **TUMESCENCEVOLUMECC** **added** into the table
4. **SITEOFCANNULATION** option 1 **changed** to Proximal thigh
5. **SITEOFCANNULATION** option 2 **changed** to Mid thigh
6. **SITEOFCANNULATION** option 3 **changed** to Distal thigh
7. **SITEOFCANNULATION** option 4 **changed** to Knee
8. **SITEOFCANNULATION** option 5 **changed** to Proximal calf
9. **SITEOFCANNULATION** option 6 **changed** to Mid calf
10. **SITEOFCANNULATION** option 7 **changed** to Lower calf

11. **SITEOFCANNULATION** option 8 **added** as Ankle
12. **NUMBEROFCYCLES** range **changed** to 0-30

AVLS.MOCA

1. **SITEOFCANNULATION** option 1 **changed** to Proximal thigh
2. **SITEOFCANNULATION** option 2 **changed** to Mid thigh
3. **SITEOFCANNULATION** option 3 **changed** to Distal thigh
4. **SITEOFCANNULATION** option 4 **changed** to Knee
5. **SITEOFCANNULATION** option 5 **changed** to Proximal calf
6. **SITEOFCANNULATION** option 6 **changed** to Mid calf
7. **SITEOFCANNULATION** option 7 **changed** to Lower calf
8. **SITEOFCANNULATION** option 8 **added** as Ankle

AVLS.Cyanoacrylate

1. **LENGTHOFTREATEDVEINGLUE** **removed** from the table
2. **LENGTHOFTREATEDVEIN** **added** into the table
3. **SITEOFCANNULATION** option 1 **changed** to Proximal thigh
4. **SITEOFCANNULATION** option 2 **changed** to Mid thigh
5. **SITEOFCANNULATION** option 3 **changed** to Distal thigh
6. **SITEOFCANNULATION** option 4 **changed** to Knee
7. **SITEOFCANNULATION** option 5 **changed** to Proximal calf
8. **SITEOFCANNULATION** option 6 **changed** to Mid calf
9. **SITEOFCANNULATION** option 7 **changed** to Lower calf
10. **SITEOFCANNULATION** option 8 **added** as Ankle

AVLS.CoilEmbolization

1. File name **changed** to **AVLS.PVEmbolization**
2. **METHODOFTREATMENT** option 7 associated text **changed** to Pelvic vein embolization
3. **EMBOLIZEDTREATMENTAREA** **added** into the table
4. **EMBOLIZATIONMODALITY** **added** into the table
5. **CHEMICALABLATIONDONESIMULTANEOUSLY** options **re-coded** as 0 (No) & 1 (Yes)

AVLS.Stent

1. **POSTOPERATIVEANTICOAGULATION** options **re-coded** as 0 (No) & 1 (Yes)
2. **IVUSUSED** options **re-coded** as 0 (No) & 1 (Yes)
3. **DIDSTENTEXTENDINTOIVC** options **re-coded** as 0 (No) & 1 (Yes)
4. **WASAGIANTURCOSTENTUTILIZED** options **re-coded** as 0 (No) & 1 (Yes)

AVLS.ChemicalAblation

1. **SITEOFCANNULATION** option 1 **changed** to Proximal thigh
2. **SITEOFCANNULATION** option 2 **changed** to Mid thigh
3. **SITEOFCANNULATION** option 3 **changed** to Distal thigh
4. **SITEOFCANNULATION** option 4 **changed** to Knee
5. **SITEOFCANNULATION** option 5 **changed** to Proximal calf
6. **SITEOFCANNULATION** option 6 **changed** to Mid calf
7. **SITEOFCANNULATION** option 7 **changed** to Lower calf
8. **SITEOFCANNULATION** option 8 **added** as Ankle

AVLS.ConservativeTreatment

1. New conservative treatment file **added** into the table
2. **METHODOFTREATMENT** option 10 Conservative treatment **added** into the table
3. **LOCATIONOFCOMPRESSIONTREATMENT** **added** into the table

4. **OTHERLOCATIONFORTREATMENT** added into the table
5. **TYPEOFCOMPRESSIONTHERAPY** added into the table
6. **COMPRESSIONLEVEL** added into the table
7. **DETAILSOFOTHERLEVELCOMPRESSION** added into the table
8. **PRESCRIBEDFREQUENCY** added into the table
9. **COMPLIANCEWITHPRESCRIBEDTREATMENT** added into the table
10. **ACTUALFREQUENCY** added into the table
11. **REASONFORNONCOMPLIANCE** added into the table
12. **STOCKINGTYPE** added into the table
13. **DETAILSOFOTHERSTOCKINGTYPE** added into the table
14. **STOCKINGSTIFFNESSSTATICSTIFFNESSINDEX** added into the table
15. **STOCKINGBRANDNAME** added into the table
16. **DETAILSOFOTHERSTOCKINGBRAND** added into the table
17. **BANDAGETYPE** added into the table
18. **DETAILSOFOTHERBANDAGETYPE** added into the table
19. **BANDAGEBRAND** added into the table
20. **DETAILSOFOTHERBANDAGEBRAND** added into the table
21. **WRAPBRANDNAME** added into the table
22. **DETAILSOFOTHERWRAPBRAND** added into the table
23. **PUMPBRAND** added into the table
24. **DETAILSOFOTHERPUMPBRAND** added into the table
25. **PUMPCOMPRESSIONPROFILEAPPLIEDPRESCRIBED** added into the table
26. **DETAILSOFOTHERPUMPCOMPRESSIONPROFILE** added into the table
27. **PUMPCOMPRESSIONFREQUENCY** added into the table
28. **DETAILSOFOTHERPUMPFREQUENCY** added into the table

AVLS Followup

1. **REPLACEDCOMPRESSIONPRODUCT** **added** into the table
2. **CURRENTLYPREGNANT** **added** into the table
3. **COVID19RNATESTPOSITIVE** **added** into the table
4. **DATEOFCOVID19POSITIVETEST** **added** into the table
5. **COVID19ANTIBODYTESTPOSITIVE** **added** into the table
6. **DATEOFCOVID19ANTIBODYPOSITIVETEST** **added** into the table
7. **CLINICALSIGNSGRADECLEFTLEG** option 0 **changed** to C0 - No Venous Disease
8. **CLINICALSIGNSGRADECLEFTLEG** option 1 **changed** to C1 - Spider or Reticular Veins
9. **CLINICALSIGNSGRADECLEFTLEG** option 2 **changed** to C2 - Varicose Veins
10. **CLINICALSIGNSGRADECLEFTLEG** option 3 **changed** to C2r – Recurrent Varicose Veins
11. **CLINICALSIGNSGRADECLEFTLEG** option 4 **changed** to C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease
12. **CLINICALSIGNSGRADECLEFTLEG** option 5 **changed** to C4a - Pigmentation; Eczema
13. **CLINICALSIGNSGRADECLEFTLEG** option 6 **changed** to C4b - Lipodermatosclerosis; Atrophied Blanche
14. **CLINICALSIGNSGRADECLEFTLEG** option 7 **changed** to C4c – Corona Phlebectacia
15. **CLINICALSIGNSGRADECLEFTLEG** option 8 **added** as C5 - Healed Venous Ulcer
16. **CLINICALSIGNSGRADECLEFTLEG** option 9 **added** as C6 - Active Venous Ulcer
17. **CLINICALSIGNSGRADECLEFTLEG** option 10 **added** as C6r – Recurrent Active Venous Ulcer
18. **CLINICALSIGNSGRADECRIGHTLEG** option 0 **changed** to C0 - No Venous Disease
19. **CLINICALSIGNSGRADECRIGHTLEG** option 1 **changed** to C1 - Spider or Reticular Veins
20. **CLINICALSIGNSGRADECRIGHTLEG** option 2 **changed** to C2 - Varicose Veins
21. **CLINICALSIGNSGRADECRIGHTLEG** option 3 **changed** to C2r – Recurrent Varicose Veins
22. **CLINICALSIGNSGRADECRIGHTLEG** option 4 **changed** to C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease
23. **CLINICALSIGNSGRADECRIGHTLEG** option 5 **changed** to C4a - Pigmentation; Eczema
24. **CLINICALSIGNSGRADECRIGHTLEG** option 6 **changed** to C4b - Lipodermatosclerosis; Atrophied Blanche

25. **CLINICALSIGNSGRADECRIGHTLEG** option 7 **changed** to C4c – Corona Phlebectacia
26. **CLINICALSIGNSGRADECRIGHTLEG** option 8 **added** as C5 - Healed Venous Ulcer
27. **CLINICALSIGNSGRADECRIGHTLEG** option 9 **added** as C6 - Active Venous Ulcer
28. **CLINICALSIGNSGRADECRIGHTLEG** option 10 **added** as C6r – Recurrent Active Venous Ulcer

Changes moving from version 1.4 to version 1.5**AVLS.Investigations**

1. **INVESTIGATIONFINDING** option 1 **changed** from Competent vein **to** Reflux
2. **INVESTIGATIONFINDING** option 2 **changed** from Venous reflux **to** Obstruction
3. **INVESTIGATIONFINDING** option 3 **changed** from Reflux/Partial Obstruction **to** Successful ablation
4. **INVESTIGATIONFINDING** option 4 **changed** from Occluded **totally to** Reflux and obstruction
5. **INVESTIGATIONFINDING** option 5 **changed** from No venous pathophysiology identifiable **to** No pathology

AVLS.Chemical ablation

1. **GASUSED** question **removed**.

Changes moving from version 1.3 to version 1.4**AVLS.Investigations**

1. **INVESTIGATIONFINDING** option **3** **changed** from Occluded partially/ Stenosis to Reflux / Partial Obstruction
2. **INVESTIGATIONFINDING** option **5** **added** No venous pathophysiology identifiable
3. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
4. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
5. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
6. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.Surgery

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.Sclerotherapy

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.EVLA

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.RFA

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.MOCA

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.Cyanoacrylate

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.PVEmbolization

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.Stent

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**

4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

AVLS.ChemicalAblation

1. **VEINTREATED** option **61** Proximal Great Saphenous Vein **removed**
2. **VEINTREATED** option **65** Proximal Small Saphenous Vein **removed**
3. **VEINTREATED** option **67** Saphenofemoral Junction **removed**
4. **VEINTREATED** option **72** Saphenopopliteal Junction **removed**

Changes moving from version 1.2 to version 1.3**AVLS.BaselineA**

1. **HOSPITAL** is now a **Mandatory** field
2. **SURGEON** is now a **Mandatory** field

AVLS.Patient

1. Forename **removed**
2. Surname **removed**

Changes moving from version 1.0 to version 1.1**AVLS.Patient**

1. All identifying numbers **removed** (HOSPITALNUMBER; FORCESNUMBER; PRIVATENUMBER; FOREIGNNUMBER)

AVLS.Investigations

1. ENTRYTYPE is now a **Mandatory** field; the required value is 10.

AVLS.Surgery

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.Sclerotherapy

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.EVLA

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.RFA

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.MOCA

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.Cyanoacrylate

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.PVEmbolization

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.Stent

1. ENTRYTYPE is now a **Mandatory** field; the required value is 1.

AVLS.ChemicalAblation

1. **ENTRYTYPE** is now a **Mandatory** field; the required value is 1.

AVLS.Followup

1. **DATEOFFOLLOWUP** is set to **Mandatory**

Upload file

Patient

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Patient identifier
Date Of Birth
Gender

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Patient identifier				
DEMOGID	Mandatory			String: can contain any value.
Date Of Birth				
DATEOFBIRTH	Mandatory			Date: ODBC date as yyyy-mm-dd.
Gender				
GENDER	Mandatory			SingleChoice: the code only. 1 - Male 2 - Female 3 - Unknown 4 - Indeterminate

Upload file

BaselineA

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Patient identifier
Import link ID
Date of admission
Hospital name
Date of First Assessment
Icd10 code
Race/Ethnicity
Height - unit: feet
Height - unit: inches
Weight - unit: lbs
Covid-19 RNA test positive
Date of Covid-19 positive test
Covid-19 antibody test positive
Date of Covid-19 antibody positive test
Currently pregnant
Previous pregnancies
Deliveries
History of DVT in pregnancy
Current or history of hormone therapy
Previous history of DVT
Previous DVT Date
Previous DVT VTE event
Previous DVT Location
Previous DVT Treatment
PAST Anticoagulation Therapy
CURRENT Anticoagulation Therapy
Factor Xa Inhibitor Currently
Heparin Currently
Thrombin Inhibitor Currently
Other Anticoagulation therapy
Duration - unit: Months
Recent surgery <3 months
Recent Immobilization <3 months
Operating doctor
Primary speciality
Facility
Patient e-mail address
Smoking history
How many cigarettes do/did they smoke a day at the height of their smoking?
Do they have high blood pressure?
Are they on treatment for high blood pressure?
Are they diabetic?
Diabetes type
Are they on medication for diabetes?
Diabetes controlled by
Do they have angina?
Have they had a heart attack in the past?
When did they last have a heart attack?
Have they had a stroke in the past?
When did they last have a stroke?
Have they had a mini stroke (TIA) in the past?
When did they last have mini a stroke (TIA)?
Have they ever had a pulmonary embolism (clot to their lungs)?
Medication
Allergies
Environmental allergies (cats, dogs, house dust mite, pollen et cetera)?
Allergies to latex?
Pelvic/vulval varicose veins
Pelvic congestion syndrome
Irritable bowel
Irritable bladder
Aching or heaviness in pelvis on sitting or standing
Hemorrhoids
Deep pain on sexual intercourse
Hip pain

Upload file

BaselineA

fields included:

Back pain
Prior gynecologic interventions
Prior gynecologic interventions (options)
Lower abdominal pain
Pain during menstruation
What was the presenting complaint
Anatomic Ulcer Location
Overlying the malleolus
Proximal to the malleolus
Distal to the malleolus
Details
Previous varicose vein treatment to LEFT leg
Previous VV treatment to LEFT leg
Describe other treatment to LEFT leg
Have they ever had phlebitis/clot superficial venous thrombosis/in their superficial veins?
How many times
When was it
Have they ever broken their LEFT leg?
How many times was the LEFT leg broken
Where was the leg broken
How was the break treated?
Has the leg ever been in a plaster cast for any other reason?
What was the presenting complaint
Anatomic Ulcer Location
Overlying the malleolus
Proximal to the malleolus
Distal to the malleolus
Details
Previous varicose vein treatment to RIGHT leg
Previous VV treatment to RIGHT leg
Describe other treatment to RIGHT leg
Have they ever had phlebitis/clot superficial venous thrombosis/in their superficial veins?
How many times
When was it
Have they ever broken their RIGHT leg?
How many times was the RIGHT leg broken
Where was the leg broken
How was the break treated?
Has the leg ever been in a plaster cast for any other reason?
Maternal grandmother
Maternal grandfather
Paternal grandmother
Paternal grandfather
Mother
Father
One or more sisters
One or more brothers
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position
Venous edema
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dematitis)
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis
Active Ulcer Number
Active Ulcer Duration (Longest Active)
Active ulcer size
Use of Compression Therapy
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position
Venous edema

Upload file

BaselineA

fields included:

Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases

Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dematitis)

Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis

Active Ulcer Number

Active Ulcer Duration (Longest Active)

Active ulcer size

Use of Compression Therapy

Discomfort / Pain

Appearance / Attractiveness

Risk / Threat to your Health

Restriction of Movement / Activities

Emotional Distress

Overall Discomfort

Overall Discomfort

Pain

Pain

Heaviness

Heaviness

Itching

Itching

Night Cramps

Night Cramps

Swelling

Swelling

Warm or Burning sensation

Warm or Burning sensation

Tingling

Tingling

Stinging or Stabbing sensation

Stinging or Stabbing sensation

Restless legs

Restless legs

Worse with heat

Worse with heat

Do your vein problems affect the overall appearance of your leg

Do your vein problems affect the overall appearance of your leg

Do you choose your clothing based on your vein problems

Do you choose your activities based on your vein problems

Overall restriction

At work

At home

Sport or Leisure activity

Prolonged standing

Prolonged sitting

When walking

When using stairs

During sleep

Social activities

Intimate or Sexual relations

Day and Night

Morning

Middle of the day

Evening

At bedtime

Left leg

Right leg

Overall emotional consequences

Because of my vein problems. I am on edge

Because of my vein problems. I am irritable

Because of my vein problems. I feel like I am burden to others

Overall. Do your vein problems worry you

Does the possible worsening of your vein disease worry you

Does the possibility of your condition causing complications worry you

Does it worry you that someone related to you suffers from vein

Upload file

BaselineA

fields included:

disease
Physical functioning
Role limitation
Social functioning
Pain
Mental health
Vitality
Heavy legs
Heavy legs
Aching legs
Aching legs
Swelling
Swelling
Night cramps
Night cramps
Heat or Burning sensation
Heat or Burning sensation
Restless legs
Restless legs
Throbbing
Throbbing
Itching
Itching
Tingling sensation
Tingling sensation
Diagnostic Imaging Modalities
Comments on deep veins and other findings
Clinical signs - grade (C) left leg
Clinical signs - Presentation (C) left leg
Etiologic classification (E) left leg
Anatomic distribution (A) left leg
Pathophysiologic dysfunction (P) left leg
Clinical signs - grade (C) right leg
Clinical signs - Presentation (C) right leg
Etiologic classification (E) right leg

Anatomic distribution (A) right leg
Pathophysiologic dysfunction (P) right leg
Previous compression treatment
Reason for use of prior compression therapy
Length of time prior compression therapy utilized
Legs previously treated with compression therapy
Location of previous compression treatment
Details of other location for previous compression therapy
Stocking type for LEFT leg
Compression level applied / prescribed LEFT leg
Details of other level of compression LEFT leg
Compression regime for LEFT leg
Stocking type for RIGHT leg
Compression level applied / prescribed RIGHT leg
Details of other level of compression RIGHT leg
Compression Regime for RIGHT leg
Prescribed frequency
Compliance with prescribed treatment
Actual frequency
Reason for non-compliance

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Patient identifier				
DEMOGID	Mandatory			String: can contain any value.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Date of admission				
DATEOFADMISSION		Optional		Date: ODBC date as yyyy-mm-dd.
Hospital name				
HOSPITALNAME		Optional		ShortString: maximum of 1,024 characters.
Date of First Assessment				
DATEOFINITIALENCOUNTER	Mandatory			Date: ODBC date as yyyy-mm-dd.
Icd10 code				
ICD10CODE		Optional		SingleChoice: the code only see table: ICD10
Race/Ethnicity				
ETHNICORIGIN		Optional		MultiChoice: the code(s) only. 0 - Not recorded 1 - White 2 - Black/African-American 3 - Asian 4 - Hispanic or Latino 5 - Native / Indigenous American 9 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Height - unit: feet				
HEIGHT_FEET	Optional	2	8	Integer: enter a whole number.
Height - unit: inches				
HEIGHT_INCHES	Optional	0.0	11.9	Floating point: enter a numeric value.
Weight - unit: lbs				
WEIGHT_LBS	Optional	50	600	Integer: enter a whole number.
Covid-19 RNA test positive				
COVID19RNATESTPOSITIVE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Date of Covid-19 positive test				
DATEOFCOVID19POSITIVETEST	Optional			Date: ODBC date as yyyy-mm-dd.
Covid-19 antibody test positive				
COVID19ANTIBODYTESTPOSITIVE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Date of Covid-19 antibody positive test				
DATEOFCOVID19ANTIBODYPOSITIVETEST	Optional			Date: ODBC date as yyyy-mm-dd.
Currently pregnant				
CURRENTLYPREGNANT	Optional			SingleChoice: the code only. 0 - No 1 - Yes - first trimester 2 - Yes - second trimester 3 - Yes - third trimester

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Previous pregnancies				
PREVIOUSPREGNANCIES	Optional			SingleChoice: the code only. 0 - None 1 - One 2 - Two 3 - Three 4 - Four 5 - Five 6 - Six 7 - > Six
Deliveries				
DELIVERIES	Optional			MultiChoice: the code(s) only. 1 - C Section 2 - Vaginal
History of DVT in pregnancy				
HISTORYOFDVTINPREGNANCY	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Current or history of hormone therapy				
CURRENTORHISTORYOFHORMONETHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Previous HRT 2 - Current HRT 3 - Previous oral contraceptives 4 - Current oral contraceptives
Previous history of DVT				
PREVIOUSHISTORYOFDVT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Previous DVT Date				
PREVIOUSDVTDATE	Optional			DayMonthYear: a possibly partially incomplete date in ODBC format.

Field title	Importance	Min value	Max value	Values allowed
Previous DVT VTE event				
PREVIOUSDVTVTEEVENT	Optional			SingleChoice: the code only. 1 - Idiopathic 2 - Secondary 3 - Not sure
Previous DVT Location				
PREVIOUSDVTLOCATION	Optional			SingleChoice: the code only. 1 - Below knee 2 - Above knee 3 - Pelvis
Previous DVT Treatment				
PREVIOUSDVTTREATMENT	Optional			SingleChoice: the code only. 1 - Thrombolysis 2 - Thrombectomy in hospital
PAST Anticoagulation Therapy				
PASTANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - Factor Xa Inhibitor 3 - Heparin 4 - Thrombin Inhibitor 5 - Rivaroxaban (Xarelto) 6 - Apixaban (Eliquis) 7 - Dabigatran (Pradaxa) 8 - Edoxaban (Savaysa) 9 - Betrixaban (BevyxXa)

Field title	Importance	Min value	Max value	Values allowed
CURRENT Anticoagulation Therapy				
CURRENTANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - Factor Xa Inhibitor 3 - Heparin 4 - Thrombin Inhibitor 5 - Rivaroxaban (Xarelto) 6 - Apixaban (Eliquis) 7 - Dabigatran (Pradaxa) 8 - Edoxaban (Savaysa) 9 - Betrixaban (BevyxXa)
Factor Xa Inhibitor Currently				
FACTORXAINHIBITORCURRENTLY	Optional			MultiChoice: the code(s) only. 1 - Rivaroxiban 2 - Apixaban 3 - Other
Heparin Currently				
SUBQHEPARINCURRENTLY	Optional			MultiChoice: the code(s) only. 1 - LMWH (Enoxaparin; Dalteparin) 2 - UFH 3 - SubQ Heparin 4 - Other
Thrombin Inhibitor Currently				
THROMBININHIBITORCURRENTLY	Optional			MultiChoice: the code(s) only. 1 - Dabigatran 2 - Bivalirudin 3 - Other
Other Anticoagulation therapy				
OTHERANTICOAGULATIONTHERAPY	Optional			ShortString: maximum of 1,024 characters.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Duration - unit: Months				
DURATION	Optional			Integer: enter a whole number.
Recent surgery <3 months				
RECENTSURGERY3MONTHS	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Recent Immobilization <3 months				
RECENTIMMOBILIZATION3MONTHS	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Operating doctor				
SURGEON	Mandatory			SingleChoice: the code only see table: GMC
Primary speciality				
PRIMARYSPECIALITY	Optional			SingleChoice: the code only. 1 - General Surgery 2 - Vascular Surgery 3 - Cardiology/Interventional Cardiology 4 - Phlebology 5 - Dermatology/Dermatology Surgery 6 - Family/General Practice/Internal Medicine 7 - OB/Gynecology 8 - Interventional Radiology 9 - Plastic Surgery 10 - Cardiothoracic Surgery 11 - Other
Facility				
HOSPITAL	Mandatory			SingleChoice: the code only see table: HOS
Patient e-mail address				
PATIENTEMAILADDRESS	Optional			ShortString: maximum of 1,024 characters.

Field title	Header field name	Importance	Min value	Max value	Values allowed
Smoking history					
	SMOKINGHISTORY	Optional			SingleChoice: the code only. 0 - Never smoked 1 - Ex smoker 2 - Current smoker
How many cigarettes do/did they smoke a day at the height of their smoking?					
	HOWMANYCIGARETTESDODIDTHEYSMOKEADAYATTHEHEIGHTOFTH	Optional		1 100	Integer: enter a whole number.
Do they have high blood pressure?					
	DOTHEYHAVEHIGHBLOODPRESSURE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Are they on treatment for high blood pressure?					
	ARETHEYONTREATMENTFORHIGHBLOODPRESSURE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Are they diabetic?					
	ARETHEYDIABETIC	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Diabetes type					
	DIABETESTYPE	Optional			SingleChoice: the code only. 0 - Type 1 1 - Type 1b 2 - Type 2
Are they on medication for diabetes?					
	ARETHEYONMEDICATIONFORDIABETES	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title	Importance	Min value	Max value	Values allowed
Diabetes controlled by				
DIABETESCONTROLLEDBY	Optional			SingleChoice: the code only. 0 - Diet 1 - Oral medication 2 - Insulin
Do they have angina?				
DOTHEYHAVEANGINA	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Have they had a heart attack in the past?				
HAVETHEYHADAHEARTATTACKINTHEPAST	Optional			SingleChoice: the code only. 0 - No 1 - Yes
When did they last have a heart attack?				
WHENHAVETHEYHADAHEARTATTACK	Optional			Date: ODBC date as yyyy-mm-dd.
Have they had a stroke in the past?				
HAVETHEYHADASTROKEINTHEPAST	Optional			SingleChoice: the code only. 0 - No 1 - Yes
When did they last have a stroke?				
WHENHAVETHEYHADASTROKE	Optional			Date: ODBC date as yyyy-mm-dd.
Have they had a mini stroke (TIA) in the past?				
HAVETHEYHADAMINISTROKEINTHEPAST	Optional			SingleChoice: the code only. 0 - No 1 - Yes
When did they last have mini a stroke (TIA)?				
WHENHAVETHEYHADMINIASTROKE	Optional			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
Have they ever had a pulmonary embolism (clot to their lungs)?				
HAVETHEYEVERHADAPULMONARYEMBOLISMCLOTTOTHEIRLUNGS	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Medication				
MEDICATION	Optional			ShortString: maximum of 1,024 characters.
Allergies				
ALLERGIES	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Environmental allergies (cats, dogs, house dust mite, pollen et cetera)?				
ENVIRONMENTALALLERGIESCATSDOGSHOUSEDUSTMITEPOLLENE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Allergies to latex?				
ALLERGIESTOLATEX	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Pelvic/vulval varicose veins				
PELVICVULVALVARICOSEVEINSLEFT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Pelvic congestion syndrome				
PELVICCONGESTIONSYNDROME	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Irritable bowel				
IRRITABLEBOWEL	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Irritable bladder				
IRRITABLEBLADDER	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Aching or heaviness in pelvis on sitting or standing				
ACHINGORHEAVINESSINPELVISONSITTINGORSTANDING	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Hemorrhoids				
HEMORRHOIDS	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Deep pain on sexual intercourse				
DEEPPAINONSEXUALINTERCOURSE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Hip pain				
HIPPAIN	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Back pain				
BACKPAIN	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Prior gynecologic interventions				
PRIORGYNCOLOGICINTERVENTIONS	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Prior gynecologic interventions (options)				
PRIORGYNCOLOGICINTERVENTIONSOPTIONS	Optional			MultiChoice: the code(s) only. 1 - Fibroids 2 - Endometriosis 3 - C-section 4 - Hysterectomy 5 - Oophorectomy 6 - Ovarian cysts 7 - Myomectomy 8 - Uterine ablation
Lower abdominal pain				
LOWERABDOMINALPAIN	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Pain during menstruation				
PAINDURINGMENSTRUATION	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
What was the presenting complaint				
WHATWASTHEPRESENTINGCOMPLAINTLEFT	Optional			MultiChoice: the code(s) only. 0 - None 1 - Telangiectasia (thread veins) or reticular veins 2 - Varicose veins 3 - Aching or discomfort in the Ankle/Leg 4 - Swelling of the Ankle/Leg 5 - Venous eczema or hemosiderin 6 - Thrombophlebitis 7 - Bleeding varicose veins 8 - Leg ulcer 9 - Healed leg ulcer 10 - Leg cramps 11 - Restless legs 12 - Heavy/tired legs
Anatomic Ulcer Location				
ANATOMICULCERLOCATIONLEFT	Optional			SingleChoice: the code only. 1 - Medial 2 - Lateral 3 - Both
Overlying the malleolus				
OVERLYINGTHEMALLEOLUSLEFT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Proximal to the malleolus				
PROXIMALTOTHMALLEOLUSLEFT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Distal to the malleolus				
DISTALTOTHMALLEOLUSLEFT	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Details				
DETAILSLEFT	Optional			ShortString: maximum of 1,024 characters.
Previous varicose vein treatment to LEFT leg				
PREVIOUSVARICOSEVEINTREATMENTTOLEFTLEG	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Previous VV treatment to LEFT leg				
PREVIOUSVVTREATMENTTOLEFTLEG	Optional			MultiChoice: the code(s) only. 1 - Liquid sclerotherapy 2 - Foam sclerotherapy 3 - Open GSV surgery 4 - Open SSV surgery 5 - Laser ablation 6 - Radiofrequency ablation 7 - Other 8 - Phlebectomy 9 - Cynoacrylate 10 - MOCA 11 - Varithena
Describe other treatment to LEFT leg				
DESCRIBEOTHERTREATMENTTOLEFTLEG	Optional			ShortString: maximum of 1,024 characters.
Have they ever had phlebitis/clot superficial venous thrombosis/in their superficial veins?				
HAVETHEYEVERHADPHLEBITISCLOTSUPERFICIALVENOUSLEFT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
How many times				
HOWMANYTIMESLEFT	Optional	1	10	Integer: enter a whole number.
When was it				
WHENWASITLEFT	Optional			DayMonthYear: a possibly partially incomplete date in ODBC format.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Have they ever broken their LEFT leg?				
HAVETHEYEVERBROKENTHEIRLEFTLEG	Optional			SingleChoice: the code only. 0 - No 1 - Yes
How many times was the LEFT leg broken				
HOWMANYTIMESWASTHELEFTLEGBROKEN	Optional	1	10	Integer: enter a whole number.
Where was the leg broken				
WEREWASTHELEGBROKENLEFT	Optional			SingleChoice: the code only. 1 - Below the knee 2 - Above the knee 3 - Pelvis
How was the break treated?				
HOWWASTHEBREAKTREATEDLEFT	Optional			SingleChoice: the code only. 1 - Support bandages only 2 - Plaster cast/operation and pin and plate or other surgical repair
Has the leg ever been in a plaster cast for any other reason?				
HASTHELEGEVERBEENINAPLASTERCASTFORANYOTHERREASONLE	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
What was the presenting complaint				
WHATWASTHEPRESENTINGCOMPLAINTRIGHT	Optional			MultiChoice: the code(s) only. 0 - None 1 - Telangiectasia (thread veins) or reticular veins 2 - Varicose veins 3 - Aching or discomfort in the Ankle/Legs 4 - Swelling of the Ankle/Legs 5 - Venous eczema or hemosiderin 6 - Thrombophlebitis 7 - Bleeding varicose veins 8 - Leg ulcer 9 - Healed leg ulcer 10 - Leg cramps 11 - Restless legs 12 - Heavy/tired legs
Anatomic Ulcer Location				
ANATOMICULCERLOCATIONRIGHT	Optional			SingleChoice: the code only. 1 - Medial 2 - Lateral 3 - Both
Overlying the malleolus				
OVERLYINGTHEMALLEOLUSRIGHT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Proximal to the malleolus				
PROXIMALTOTHMALLEOLUSRIGHT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Distal to the malleolus				
DISTALTOTHMALLEOLUSRIGHT	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Details				
DETAILSRIGHT	Optional			ShortString: maximum of 1,024 characters.
Previous varicose vein treatment to RIGHT leg				
PREVIOUSVARICOSEVEINTREATMENTTORIGHTLEG	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Previous VV treatment to RIGHT leg				
PREVIOUSVVTREATMENTTORIGHTLEG	Optional			MultiChoice: the code(s) only. 1 - Liquid sclerotherapy 2 - Foam sclerotherapy 3 - Open GSV surgery 4 - Open SSV surgery 5 - Laser ablation 6 - Radiofrequency ablation 7 - Other 8 - Phlebectomy 9 - Cynoacrylate 10 - MOCA 11 - Varithena
Describe other treatment to RIGHT leg				
DESCRIBEOTHERTREATMENTTORIGHTLEG	Optional			ShortString: maximum of 1,024 characters.
Have they ever had phlebitis/clot superficial venous thrombosis/in their superficial veins?				
HAVETHEYEVERHADPHLEBITISCLOTSUPERFICIALVENOUSRIGHT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
How many times				
HOWMANYTIMESRIGHT	Optional	1	10	Integer: enter a whole number.
When was it				
WHENWASITRIGHT	Optional			DayMonthYear: a possibly partially incomplete date in ODBC format.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Have they ever broken their RIGHT leg?				
HAVETHEYEVERBROKENTHEIRRIGHTLEG	Optional			SingleChoice: the code only. 0 - No 1 - Yes
How many times was the RIGHT leg broken				
HOWMANYTIMESWASTHERIGHTLEGBROKEN	Optional	1	10	Integer: enter a whole number.
Where was the leg broken				
WEREWASTHELEGBROKENRIGHT	Optional			SingleChoice: the code only. 1 - Below the knee 2 - Above the knee 3 - Pelvis
How was the break treated?				
HOWWASTHEBREAKTREATEDRIGHT	Optional			SingleChoice: the code only. 1 - Support bandages only 2 - Plaster cast/operation and pin and plate or other surgical repair
Has the leg ever been in a plaster cast for any other reason?				
HASTHELEGEVERBEENINAPLASTERCASTFORANYOTHERREASONRI	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Maternal grandmother				
MATERNALGRANDMOTHER	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Maternal grandfather				
MATERNALGRANDFATHER	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism
Paternal grandmother				
PATERNALGRANDMOTHER	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism
Paternal grandfather				
PATERNALGRANDFATHER	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism
Mother				
MOTHER	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Father				
FATHER	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism
One or more sisters				
ONEORMORESISTERS	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism
One or more brothers				
ONEORMOREBROTHERS	Optional			MultiChoice: the code(s) only. 0 - None/not known 1 - Varicose veins 2 - Leg ulcers 3 - Deep vein thrombosis 4 - Pulmonary embolism
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)				
PAINLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Occasional pain or other discomfort (i.e. not restricting regular daily activities) 2 - 2 - Moderate: Daily pain or other discomfort (ie; interfering with but not preventing regular daily activities) 3 - 3 - Severe: Daily pain or discomfort (ie; limits most regular daily activities)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position				
VARICOSEVEINSLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Few scattered(i.e.; isolated branch varicositics or clusters) Also includes corona phlebectatica (ankle flare) 2 - 2 - Moderate: Confined to calf or thigh 3 - 3 - Severe: Involves calf and thigh
Venous edema				
VENOUSEDEMALEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to foot and ankle area 2 - 2 - Moderate: Extends above ankle but below knee 3 - 3 - Severe: Extends to knee and above
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases				
SKINPIGMENTATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: None or Focal 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dermatitis)				
INFLAMMATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider Distribution above lower third of calf
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis				
INDURATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Active Ulcer Number				
TOTALNUMBEROFULCERSLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild 2 - 2 - Moderate 3 - 3 - Severe
Active Ulcer Duration (Longest Active)				
ACTIVEULCERATIONDURATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: <3 mo 2 - 2 - Moderate:>3 mo but <1 y 3 - 3 - Severe: Not healed for >1 y
Active ulcer size				
ACTIVEULCERSIZELEFTLET	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Diameter <2 cm 2 - 2 - Moderate: Diameter 2-6 cm 3 - 3 - Severe: Diameter >6 cm
Use of Compression Therapy				
COMPRESSIVETHERAPYLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Intermittent use of stockings 2 - 2 - Moderate: Wears stockings most days 3 - 3 - Severe: Full compliance stockings

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)				
PAINRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Occasional pain or other discomfort (i.e. not restricting regular daily activities) 2 - 2 - Moderate: Daily pain or other discomfort (ie; interfering with but not preventing regular daily activities) 3 - 3 - Severe: Daily pain or discomfort (ie; limits most regular daily activities)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position				
VARICOSEVEINSRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Few scattered(i.e.; isolated branch varicositics or clusters) Also includes corona phlebectatica (ankle flare) 2 - 2 - Moderate: Confined to calf or thigh 3 - 3 - Severe: Involves calf and thigh
Venous edema				
VENOUSEDEMARIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to foot and ankle area 2 - 2 - Moderate: Extends above ankle but below knee 3 - 3 - Severe: Extends to knee and above
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases				
SKINPIGMENTATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: None or Focal 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf

Field title	Importance	Min value	Max value	Values allowed
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dermatitis)				
INFLAMMATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider Distribution above lower third of calf
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis				
INDURATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf
Active Ulcer Number				
TOTALNUMBEROFULCERSRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild 2 - 2 - Moderate 3 - 3 - Severe
Active Ulcer Duration (Longest Active)				
ACTIVEULCERATIONDURATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: <3 mo 2 - 2 - Moderate:>3 mo but <1 y 3 - 3 - Severe: Not healed for >1 y
Active ulcer size				
ACTIVEULCERSIZERIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Diameter <2 cm 2 - 2 - Moderate: Diameter 2-6 cm 3 - 3 - Severe: Diameter >6 cm

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Use of Compression Therapy				
COMPRESSIVETHERAPYRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Intermittent use of stockings 2 - 2 - Moderate: Wears stockings most days 3 - 3 - Severe: Full compliance stockings
Discomfort / Pain				
SQORVDISCOMFORTPAIN	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Appearance / Attractiveness				
SQORVAPPEARANCEATTRACTIVENESS	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Risk / Threat to your Health				
SQORVRISKTHREATTOYOURHEALTH	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Restriction of Movement / Activities				
SQORVRESTRICTIONOFMOVEMENTACTIVITIES	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Emotional Distress				
SQORVEMOTIONALDISTRESS	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Overall Discomfort				
SQORVOVERALLDISCOMFORTRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Overall Discomfort				
SQORVOVERALLDISCOMFORTLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title	Importance	Min value	Max value	Values allowed
Pain				
SQORVPAINRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Pain				
SQORVPAINLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Heaviness				
SQORVHEAVINESSRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Heaviness				
SQORVHEAVINESSLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title	Importance	Min value	Max value	Values allowed
Itching				
SQORVITCHINGRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Itching				
SQORVITCHINGLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Night Cramps				
SQORVNIGHTCRAMPSRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Night Cramps				
SQORVNIGHTCRAMPSLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Swelling				
SQORVSWELLINGRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Swelling				
SQORVSWELLINGLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Warm or Burning sensation				
SQORVWARMORBURNINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Warm or Burning sensation				
SQORVWARMORBURNINGSENSATIONLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Tingling				
SQORVTINGLINGRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Tingling				
SQORVTINGLINGLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Stinging or Stabbing sensation				
SQORVSTINGINGORSTABBINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Stinging or Stabbing sensation				
SQORVSTINGINGORSTABBINGSENSATIONLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Restless legs				
SQORVRESTLESSLEGSRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Restless legs				
SQORVRESTLESSLEGSLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Worse with heat				
SQORVWORSEWITHHEATRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Worse with heat				
SQORVWORSEWITHHEATLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Do your vein problems affect the overall appearance of your leg				
SQORVDOYOURVEINPROBLEMSAFFECTRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Do your vein problems affect the overall appearance of your leg				
SQORVDOYOURVEINPROBLEMSAFFECTLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Do you choose your clothing based on your vein problems				
SQORVDOYOUCHOOSEYOURCLOTHINGBASEDONYOURVEINPROBLEM	Optional			SingleChoice: the code only. 1 - 1 - Never 2 - 2 - Rarely 3 - 3 - Often 4 - 4 - Usually 5 - 5 - Always
Do you choose your activities based on your vein problems				
SQORVDOYOUCHOOSEYOURACTIVITIESBASEDONYOURVEINPROBL	Optional			SingleChoice: the code only. 1 - 1 - Never 2 - 2 - Rarely 3 - 3 - Often 4 - 4 - Usually 5 - 5 - Always

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Overall restriction				
SQORVOVERALLRESTRICTION	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
At work				
SQORVATWORK	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
At home				
SQORVATHOME	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Sport or Leisure activity				
SQORVSPORTORLEISUREACTIVITY	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Prolonged standing				
SQORVPROLONGEDSTANDING	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Prolonged sitting				
SQORVPROLONGEDSITTING	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
When walking				
SQORVWHENWALKING	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
When using stairs				
SQORVWHENUSINGSTAIRS	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
During sleep				
SQORVDURINGSLEEP	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Social activities				
SQORVSOCIALACTIVITIES	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Intimate or Sexual relations				
SQORVINTIMATEORSEXUALRELATIONS	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Day and Night				
SQORVDAYANDNIGHT	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Morning				
SQORVMORNING	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
Middle of the day				
SQORVMIDDLEOFTHE DAY	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
Evening				
SQORVEVENING	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
At bedtime				
SQORVATBEDTIME	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Left leg				
SQORVHAVELEGPROBLEMSCHANGESINCELASTYEARLEFT	Optional			SingleChoice: the code only. 1 - 1 - Severe worsening 2 - 2 - Moderate worsening 3 - 3 - No change 4 - 4 - Moderate improvement 5 - 5 - Major improvement
Right leg				
SQORVHAVELEGPROBLEMSCHANGESINCELASTYEARRIGHT	Optional			SingleChoice: the code only. 1 - 1 - Severe worsening 2 - 2 - Moderate worsening 3 - 3 - No change 4 - 4 - Moderate improvement 5 - 5 - Major improvement
Overall emotional consequences				
SQORVOVERALLEMOTIONALCONSEQUENCES	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Because of my vein problems. I am on edge				
SQORVBECAUSEOFMYVEINPROBLEMSIAMONEDGE	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Because of my vein problems. I am irritable				
SQORVBECAUSEOFMYVEINPROBLEMSIAMIRRITABLE	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Because of my vein problems. I feel like I am burden to others				
SQORVBECAUSEOFMYVEINPROBLEMSIFEELLIKEIAMBURDENTOOT	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Overall. Do your vein problems worry you				
SQORVOVERALLDOYOURVEINPROBLEMSWORRYYOU	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Does the possible worsening of your vein disease worry you				
SQORVDOSETHEPOSSIBLEWORSENINGOFOURVEINDISEASEWORR	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely

Field title	Importance	Min value	Max value	Values allowed
Does the possibility of your condition causing complications worry you				
SQORVDOESTHEPOSSIBILITYOFOURCONDITIONCAUSINGCOMPL	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. A lot 5 - 5 - Yes. a great deal
Does it worry you that someone related to you suffers from vein disease				
SQORVDOESITWORRYYOUATHATSOMEONERELATEDTOYOUSUFFERSF	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Physical functioning				
SF6DPHYSICALFUNCTIONING	Optional			SingleChoice: the code only. 1 - Your health does not limit you in vigorous activities 2 - Your health limits you a little in vigorous activities 3 - Your health limits you a little in moderate activities 4 - Your health limits you a lot in moderate activities 5 - Your health limits you a little in bathing and dressing 6 - Your health limits you a lot in bathing and dressing

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Role limitation				
SF6DROLELIMITATION	Optional			<p>SingleChoice: the code only.</p> <ol style="list-style-type: none"> 1 - You have no problems with your work or other regular daily activities as a result of your physical health or any emotional problems 2 - You are limited in the kind of work or other activities as a result of your physical health 3 - You accomplish less than you would like as a result of emotional problems 4 - You are limited in the kind of work or other activities as a result of your physical health and accomplish less that you would like as a result of emotional problems
Social functioning				
SF6DSOCIALFUNCTIONING	Optional			<p>SingleChoice: the code only.</p> <ol style="list-style-type: none"> 1 - Your health limits your social activities none of the time 2 - Your health limits your social activities a little of the time 3 - Your health limits your social activities some of the time 4 - Your health limits your social activities most of the time 5 - Your health limits your social activities all of the time
Pain				
SF6DPAIN	Optional			<p>SingleChoice: the code only.</p> <ol style="list-style-type: none"> 1 - You have no pain 2 - You have pain but it does not interfere with your normal work (both outside the home and housework) 3 - You have pain that interferes with your normal work (both outside the home and housework) a little bit 4 - You have pain that interferes with your normal work (both outside the home and housework) moderately 5 - You have pain that interferes with your normal work (both outside the home and housework) quite a bit 6 - You have pain that interferes with your normal work (both outside the home and housework) extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Mental health				
SF6DMENTALHEALTH	Optional			SingleChoice: the code only. 1 - You feel tense of downhearted and low none of the time 2 - You feel tense of downhearted and low a little of the time 3 - You feel tense of downhearted and low some of the time 4 - You feel tense of downhearted and low most of the time 5 - You feel tense of downhearted and low all of the time
Vitality				
SF6DVITALITY	Optional			SingleChoice: the code only. 1 - You have a lot of energy all of the time 2 - You have a lot of energy most of the time 3 - You have a lot of energy some of the time 4 - You have a lot of energy a little of the time 5 - You have a lot of energy none of the time
Heavy legs				
VVSQHEAVYLEGSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Heavy legs				
VVSQHEAVYLEGSLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Aching legs				
VVSQACHINGLEGSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Aching legs				
VVSQACHINGLEGSLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Swelling				
VVSQSWELLINGRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Swelling				
VVSQSWELLINGLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Night cramps				
VVSQNIGHTCRAMPSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Night cramps				
VVSQNIGHTCRAMPSLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Heat or Burning sensation				
VVSQHEATORBURNINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Heat or Burning sensation				
VVSQHEATORBURNINGSENSATIONLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Restless legs				
VVSQRESTLESSLEGSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Restless legs				
VVSQRESTLESSLEGSLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Throbbing				
VVSQTHROBBINGRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Throbbing				
VVSQTHROBBINGLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Itching				
VVSQITCHINGRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Itching				
VVSQITCHINGLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Tingling sensation				
VVSQTINGLINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Tingling sensation				
VVSQTINGLINGSENSATIONLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Diagnostic Imaging Modalities				
DIAGNOSTICIMAGINGMODALITIES	Optional			MultiChoice: the code(s) only. 0 - None 1 - Duplex ultrasound 2 - Plethysmography 3 - CT venography 4 - MR venography 5 - Venogram 6 - IVUS 9 - Other
Comments on deep veins and other findings				
COMMENTSONDEEPVEINSANDOTHERFINDINGS	Optional			ShortString: maximum of 1,024 characters.
Clinical signs - grade (C) left leg				
CLINICALSIGNSGRADECLEFTLEG	Optional			SingleChoice: the code only. 0 - C0 - No Venous Disease 1 - C1 - Spider or Reticular Veins 2 - C2 - Varicose Veins 3 - C2r - Recurrent Varicose Veins 4 - C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease 5 - C4a - Pigmentation; Eczema 6 - C4b - Lipodermatosclerosis; Atrophied Blanche 7 - C4c - Corona Phlebectacia 8 - C5 - Healed Venous Ulcer 9 - C6 - Active Venous Ulcer 10 - C6r - Recurrent Active Venous Ulcer
Clinical signs - Presentation (C) left leg				
CLINICALSIGNS_PRESENTATION_C_LEFTLEG	Optional			SingleChoice: the code only. 1 - Asymptomatic 2 - Symptomatic

Field title	Importance	Min value	Max value	Values allowed
Etiologic classification (E) left leg				
ETIOLOGICCLASSIFICATION_E_LEFTLEG	Optional			SingleChoice: the code only. 1 - Primary 2 - Secondary 3 - Congenital
Anatomic distribution (A) left leg				
ANATOMICDISTRIBUTION_A_LEFTLEG	Optional			MultiChoice: the code(s) only. 1 - Superficial 2 - Perforator 3 - Deep
Pathophysiologic dysfunction (P) left leg				
PATHOPHYSIOLOGICDYSFUNCTION_P_LEFTLEG	Optional			SingleChoice: the code only. 1 - Reflux 2 - Obstruction 3 - Reflux and obstruction
Clinical signs - grade (C) right leg				
CLINICALSIGNSGRADECRIGHTLEG	Optional			SingleChoice: the code only. 0 - C0 - No Venous Disease 1 - C1 - Spider or Reticular Veins 2 - C2 - Varicose Veins 3 - C2r - Recurrent Varicose Veins 4 - C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease 5 - C4a - Pigmentation; Eczema 6 - C4b - Lipodermatosclerosis; Atrophied Blanche 7 - C4c - Corona Phlebectacia 8 - C5 - Healed Venous Ulcer 9 - C6 - Active Venous Ulcer 10 - C6r - Recurrent Active Venous Ulcer

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Clinical signs - Presentation (C) right leg				
CLINICALSIGNS_PRESENTATION_C_RIGHTLEG	Optional			SingleChoice: the code only. 1 - Asymptomatic 2 - Symptomatic
Etiologic classification (E) right leg				
ETIOLOGICCLASSIFICATION_E_RIGHTLEG	Optional			SingleChoice: the code only. 1 - Primary 2 - Secondary 3 - Congenital
Anatomic distribution (A) right leg				
ANATOMICDISTRIBUTION_A_RIGHTLEG	Optional			MultiChoice: the code(s) only. 1 - Superficial 2 - Perforator 3 - Deep
Pathophysiologic dysfunction (P) right leg				
PATHOPHYSIOLOGICDYSFUNCTION_P_RIGHTLEG	Optional			SingleChoice: the code only. 1 - Reflux 2 - Obstruction 3 - Reflux and obstruction
Previous compression treatment				
PREVIOUSCOMPRESSIONTREATMENT	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Reason for use of prior compression therapy				
REASONFORUSEOFPRIORCOMPRESSIONTHERAPY	Optional			SingleChoice: the code only. 1 - Required insurance stocking trial prior to definitive therapy 2 - Alternative to endovenous therapies / micro-stab phlebectomies 3 - Management of pain and /or swelling 4 - Athletic use 5 - Chronic lymphedema 6 - Post-intervention pain management 7 - Ulcer recurrence prevention 8 - Ulcer treatment 9 - Burn therapy management
Length of time prior compression therapy utilized				
LENGTHOFTIMEPRIORCOMPRESSIONTHERAPYUTILIZED	Optional			SingleChoice: the code only. 1 - <3 months 2 - 3-6 months 3 - 6-12 months 4 - >12 months
Legs previously treated with compression therapy				
LEGSPREVIOUSLYTREATEDWITHCOMPRESSIONTHERAPY	Optional			SingleChoice: the code only. 1 - Left leg alone 2 - Right leg alone 3 - Left and right legs
Location of previous compression treatment				
LOCATIONOFPREVIOUSCOMPRESSIONTREATMENT	Optional			SingleChoice: the code only. 1 - Below knee 2 - Whole leg 3 - Waist high 4 - Trunk 5 - Legs & trunk 9 - Other
Details of other location for previous compression therapy				
DETAILSOFOETHERLOCATIONFORPREVIOUSCOMPRESSIONTHERAPY	Optional			ShortString: maximum of 1,024 characters.

Field title	Importance	Min value	Max value	Values allowed
Stocking type for LEFT leg				
STOCKINGTYPEFORLEFTLEG	Optional			SingleChoice: the code only. 1 - Knee high 2 - Thigh high 3 - Waist high 4 - Tights 5 - Two layer stocking 6 - Ulcer Kit 9 - Other
Compression level applied / prescribed LEFT leg				
COMPRESSIONLEVELAPPLIEDPRESCRIBEDLEFTLEG	Optional			MultiChoice: the code(s) only. 1 - 10-15 mm Hg 2 - 15-20 mm Hg 3 - 20-30 mm Hg 4 - 30-40 mm Hg 5 - 40-50 mmHg 9 - Other
Details of other level of compression LEFT leg				
DETAILSOFOTHERLEVELOFCOMPRESSIONLEFTLEG	Optional			ShortString: maximum of 1,024 characters.
Compression regime for LEFT leg				
COMPRESSIONREGIMEFORLEFTLEG	Optional			SingleChoice: the code only. 1 - Day & night 2 - Day only 3 - Night only

Field title	Importance	Min value	Max value	Values allowed
Stocking type for RIGHT leg				
STOCKINGTYPEFORRIGHTLEG	Optional			SingleChoice: the code only. 1 - Knee high 2 - Thigh high 3 - Waist high 4 - Tights 5 - Two layer stocking 6 - Ulcer Kit 9 - Other
Compression level applied / prescribed RIGHT leg				
COMPRESSIONLEVELAPPLIEDPRESCRIBEDRIGHTLEG	Optional			MultiChoice: the code(s) only. 1 - 10-15 mm Hg 2 - 15-20 mm Hg 3 - 20-30 mm Hg 4 - 30-40 mm Hg 5 - 40-50 mmHg 9 - Other
Details of other level of compression RIGHT leg				
DETAILSOFOTHERLEVELOFCOMPRESSIONRIGHTLEG	Optional			ShortString: maximum of 1,024 characters.
Compression Regime for RIGHT leg				
COMPRESSIONREGIMEFORRIGHTLEG	Optional			SingleChoice: the code only. 1 - Day & night 2 - Day only 3 - Night only

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Prescribed frequency				
PRESCRIBEDFREQUENCY	Optional			SingleChoice: the code only. 1 - One day per week 2 - Two days per week 3 - Three days per week 4 - Four days per week 5 - Five days per week 6 - Six days per week 7 - Seven days per week
Compliance with prescribed treatment				
COMPLIANCEWITHPRESCRIBEDTREATMENT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Actual frequency				
ACTUALFREQUENCY	Optional			SingleChoice: the code only. 0 - Non-compliant 1 - One day per week 2 - Two days per week 3 - Three days per week 4 - Four days per week 5 - Five days per week 6 - Six days per week 7 - Seven days per week
Reason for non-compliance				
REASONFORNONCOMPLIANCE	Optional			MultiChoice: the code(s) only. 1 - Too tight / not tolerable 2 - Too hard to get on / off 3 - Too expensive 4 - Insurance doesn't cover cost 5 - Too hot

Upload file

Investigations

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Investigation finding
Side
Reflux duration (secs)
Maximum vein diameter - unit: mm
Vein anatomy

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID	Optional			Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 10 - Investigation
Investigation finding				
INVESTIGATIONFINDING	Mandatory			SingleChoice: the code only. 1 - Competent vein 2 - Venous reflux 3 - Reflux/Partial Obstruction 4 - Occluded totally 5 - No venous pathophysiology identifiable
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Reflux duration (secs)				
REFLUXDURATIONSECS	Optional	0	99	Floating point: enter a numeric value.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Maximum vein diameter - unit: mm				
MAXIMUMVEINDIAMETERMMFINDINGS	Optional			Floating point: enter a numeric value.

Field title	Importance	Min value	Max value	Values allowed
Vein anatomy				
VEINTREATED	Mandatory			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - Renal Vein 2 - Ovarian Vein 3 - Common Iliac Vein 4 - External Iliac Vein 5 - Internal Iliac Vein 6 - Common Femoral Vein 7 - Saphenofemoral Junction 8 - Femoral Vein 9 - Anterior Accessory Saphenous Vein 10 - Posterior Accessory Saphenous Vein 11 - Proximal Great Saphenous Vein 12 - Giacomini vein 13 - Mid-Thigh Great saphenous Vein 14 - Mid-Thigh Perforator 15 - Lower Thigh/Knee Great saphenous Vein 16 - Saphenopopliteal Junction 17 - Popliteal Vein 18 - Proximal Calf Perforator 19 - Proximal Small Saphenous Vein 20 - Peroneal Vein 21 - Mid-Calf Perforator 22 - Posterior Tibial Vein 23 - Distal Small Saphenous Vein 24 - Distal Posterior Tibial Vein 25 - Distal Great Saphenous Vein 26 - Lower Calf Perforator Vein 27 - Ankle Perforator 28 - Testicular Vein 75 - Varicose Veins 76 - Obturator Vein 77 - Superior Gluteal Vein 78 - Inferior Gluteal Vein 79 - Internal Pudendal Vein

Field title				
Header field name	Importance	Min value	Max value	Values allowed
				<ul style="list-style-type: none">80 - Sciatic Vein81 - Profunda Femoral Vein82 - Femoral Vein Mid-Thigh83 - Femoral Vein Distal Thigh84 - Gastrocnemeous Vein85 - Soleal Vein86 - Anterior Tibial Vein87 - Tributaries88 - Small Veins / Telangectasias89 - Reticular Veins98 - Inferior Vena Cava

Upload file

Surgery

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Vein anatomy
Date of procedure
Vein(s) ligated
Incisions closed with suture
Type of anesthesia
Tumescence Mix (%)
Tumescence Volume (cc)
Tumescence Buffered
Tumescence Epinephrine
Procedural anticoagulation therapy
Surgery undertaken
Largest diameter of treated vein - unit: mm
Number of incisions/punches
CPT Code
Comments
Phlebectomies performed?
Phlebectomy location

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 1 - Surgery
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy**VEINTREATED****Mandatory****SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein 68 - Saphenofemoral Junction + Proximal Great Saphenous Vein 69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein 74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein 75 - Varicose Veins 76 - Obturator Vein 77 - Superior Gluteal Vein 78 - Inferior Gluteal Vein 79 - Internal Pudental Vein 80 - Sciatic Vein 81 - Profunda Femoral Vein 82 - Femoral Vein Mid-Thigh 83 - Femoral Vein Distal Thigh 84 - Gastrocnemeous Vein 85 - Soleal Vein 86 - Anterior Tibial Vein 87 - Tributaries 88 - Small Veins / Telangectasias 89 - Reticular Veins 98 - Inferior Vena Cava 99 - Other
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Header field name	Importance	Min value	Max value	Values allowed
Vein(s) ligated					
	VEINSLIGATED	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Incisions closed with suture					
	INCISIONSCLOSEDWITHSUTURE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Type of anesthesia					
	TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescence anesthesia
Tumescence Mix (%)					
	TUMESCENCEMIX2	Optional			Floating point: enter a numeric value.
Tumescence Volume (cc)					
	TUMESCENCEVOLUMECC	Optional	0	1000	Integer: enter a whole number.
Tumescence Buffered					
	TUMESCENCEBUFFERED	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Tumescence Epinephrine					
	TUMESCENCEEPINEPHRINE	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Surgery undertaken				
SURGERYUNDERTAKEN	Optional			MultiChoice: the code(s) only. 1 - Saphenofemoral disconnection 2 - Stripping GSV 3 - Stripping SSV 4 - Sapheno-popliteal disconnection 5 - Stab phlebectomy 6 - Hook phlebectomy 7 - Perforator surgery endoscopic 8 - Perforator surgery open 9 - Deep reconstruction 10 - Deep venous bypass 11 - Trivex
Largest diameter of treated vein - unit: mm				
LARGESTDIAMETEROFTREATEDVEIN_SURGERY_MM	Optional	0		Floating point: enter a numeric value.
Number of incisions/punches				
NUMBEROFINCISIONS_PUNCHES	Optional	0		Integer: enter a whole number.
CPT Code				
CPTCODE	Optional			ShortString: maximum of 1,024 characters.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Comments				
COMMENTS	Optional			String data (max 150000 chars)
Phlebectomies performed?				
PHLEBECTOMIESPERFORMEDSRG	Optional			SingleChoice: the code only. 1 - Above knee 2 - Below Knee 3 - Both; above and below knee 9 - None
Phlebectomy location				
PHLEBECTOMYLOCATION	Optional			SingleChoice: the code only. 1 - Upper Thigh - Medial 2 - Upper Thigh - Anterior - Lateral 3 - Upper Thigh - Posterior 4 - Lower Thigh - Medial 5 - Lower Thigh - Anterior- Lateral 6 - Lower Thigh - Posterior 7 - Knee 8 - Upper Calf - Medial 9 - Upper Calf - Anterior - Lateral 10 - Upper Calf - Posterior 11 - Lower Calf - Medial 12 - Lower Calf - Anterior - Lateral 13 - Lower Calf - Posterior 14 - Foot

Upload file

Sclerotherapy

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Procedural anticoagulation therapy
Largest diameter of treated vein - unit: mm
Sclerosant agent
Sclerosant concentration - unit: %
Total volume of foam as a liquid - unit: ml
Liquid to gas ratio
Gas used
Leg elevated
Patient mobilized
Ultrasound control
Phlebectomies performed?

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 2 - Sclerotherapy
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
Vein anatomy				
VEINTREATED	Mandatory			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - Renal Vein 2 - Ovarian Vein 3 - Common Iliac Vein 4 - External Iliac Vein 5 - Internal Iliac Vein 6 - Common Femoral Vein 7 - Saphenofemoral Junction 8 - Femoral Vein 9 - Anterior Accessory Saphenous Vein 10 - Posterior Accessory Saphenous Vein 11 - Proximal Great Saphenous Vein 12 - Giacomini vein 13 - Mid-Thigh Great saphenous Vein 14 - Mid-Thigh Perforator 15 - Lower Thigh/Knee Great saphenous Vein 16 - Saphenopopliteal Junction 17 - Popliteal Vein 18 - Proximal Calf Perforator 19 - Proximal Small Saphenous Vein 20 - Peroneal Vein 21 - Mid-Calf Perforator 22 - Posterior Tibial Vein 23 - Distal Small Saphenous Vein 24 - Distal Posterior Tibial Vein 25 - Distal Great Saphenous Vein 26 - Lower Calf Perforator Vein 27 - Ankle Perforator 28 - Testicular Vein 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein 68 - Saphenofemoral Junction + Proximal Great Saphenous Vein 69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein 74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein 75 - Varicose Veins 76 - Obturator Vein 77 - Superior Gluteal Vein 78 - Inferior Gluteal Vein 79 - Internal Pudendal Vein 80 - Sciatic Vein 81 - Profunda Femoral Vein 82 - Femoral Vein Mid-Thigh 83 - Femoral Vein Distal Thigh 84 - Gastrocnemeous Vein 85 - Soleal Vein 86 - Anterior Tibial Vein 87 - Tributaries 88 - Small Veins / Telangectasias 89 - Reticular Veins 98 - Inferior Vena Cava 99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Largest diameter of treated vein - unit: mm				
LARGESTDIAMETEROFTREATEDVEIN_SCLEROTHERAPY_MM	Optional		0	Floating point: enter a numeric value.
Sclerosant agent				
SCLEROSANTAGENT	Optional			SingleChoice: the code only. 1 - Sodium tetradecyl sulphate 2 - Polidocanol 3 - Varithena 9 - Other
Sclerosant concentration - unit: %				
SCLEROSANTCONCENTRATION	Optional	0.1	100	Floating point: enter a numeric value.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Total volume of foam as a liquid - unit: ml				
TOTALVOLUMESCLEROSANT_MLS	Optional	0	150	Integer: enter a whole number.
Liquid to gas ratio				
LIQUIDTOGASRATIO	Optional			SingleChoice: the code only. 1 - 1:1 (50%) 2 - 1:2 (33%) 3 - 1:3 (25%) 4 - 1:4 (20%) 5 - 1:5 (17%)
Gas used				
GASUSED	Optional			SingleChoice: the code only. 1 - Room air 2 - Gas mix (CO2 & O2) 9 - Other
Leg elevated				
LEGELEVATED	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Patient mobilized				
PATIENTMOBILIZED	Optional			SingleChoice: the code only. 0 - 0 minutes 1 - 2 minutes 2 - 5 minutes 3 - 10 minutes 4 - > 10 minutes
Ultrasound control				
ULTRASOUNDCONTROL	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Phlebectomies performed?				
PHLEBECTOMIESPERFORMEDSCT	Optional			SingleChoice: the code only. 1 - Above knee 2 - Below Knee 3 - Both; above and below knee 9 - None

Upload file

EVLA

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Tumescence Volume (cc)
Procedural anticoagulation therapy
Site of cannulation
Other site of cannulation
Power settings - unit: Watts
Energy used - unit: J
Length of treated vein - unit: cm
LEED (derived energy) - unit: J/cm
Pullback rate - unit: seconds/cm
Equipment manufacturer
EVLA Wavelength
Other EVLA Wavelength
Fibre tip
Other Fibre tip

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 3 - Endovenous laser ablation
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy

VEINTREATED

Mandatory**SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title				
Header field name	Importance	Min value	Max value	Values allowed
				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein
				66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein
				68 - Saphenofemoral Junction + Proximal Great Saphenous Vein
				69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
				70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein
				71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein
				73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein
				74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein
				75 - Varicose Veins
				76 - Obturator Vein
				77 - Superior Gluteal Vein
				78 - Inferior Gluteal Vein
				79 - Internal Pudendal Vein
				80 - Sciatic Vein
				81 - Profunda Femoral Vein
				82 - Femoral Vein Mid-Thigh
				83 - Femoral Vein Distal Thigh
				84 - Gastrocnemeous Vein
				85 - Soleal Vein
				86 - Anterior Tibial Vein
				87 - Tributaries
				88 - Small Veins / Telangectasias
				89 - Reticular Veins
				98 - Inferior Vena Cava
				99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescence anesthesia
Tumescence Volume (cc)				
TUMESCENCEVOLUMECC	Optional	0	1000	Integer: enter a whole number.
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Site of cannulation				
SITEOFCANNULATION	Optional			SingleChoice: the code only. 1 - Proximal thigh 2 - Mid thigh 3 - Distal thigh 4 - Knee 5 - Proximal calf 6 - Mid calf 7 - Lower calf 8 - Ankle

Field title	Importance	Min value	Max value	Values allowed
Header field name				
Other site of cannulation				
OTHERSITEOFCANNULATION	Optional			ShortString: maximum of 1,024 characters.
Power settings - unit: Watts				
POWERSETTINGS	Optional			Floating point: enter a numeric value.
Energy used - unit: J				
ENERGYUSED	Optional			Integer: enter a whole number.
Length of treated vein - unit: cm				
LENGTHOFTREATEDVEIN	Optional			Floating point: enter a numeric value.
LEED (derived energy) - unit: J/cm				
DERIVEDENERGY__LENGTH	Optional			Floating point: enter a numeric value.
Pullback rate - unit: seconds/cm				
PULLBACKTIME_SECS	Optional			Integer: enter a whole number.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Equipment manufacturer				
LAEQUIPMENTMANUFACTURERANDMODEL	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - Angiodynamics VenaCureEVL System Delta 2 - Angiodynamics VenaCureEVL System Nevertouch Gold Tip fiber 3 - Angiodynamics VenaCureEVL System VenaCure 4 - Biolitec ELVeS Ceralas 5 - Biolitec ELVeS Radial Leonardo Dual 45 6 - Biolitec ELVeS Radial Leonardo Mini 7 - Boston Scientific Endostat Fiber C coaxial 8 - Boston Scientific GreenLight XPS Laser System MoXy Liquid-Cooled Fiber 9 - Boston Scientific The AngioJet ZelanteDVT Catheter 10 - Cutera Excel Excel V 11 - Diomed D Series Diomed Delta 15 12 - Diomed D Series Diomed Delta 25 13 - Diomed D Series Diomed Delta 30 14 - Fotona QX MAX Single-Pulse Q-Switch Laser 15 - Fotona SP Dynamis Er:YAG laser 16 - Fotona SP Dynamis Nd:YAG laser 17 - Fotona SP Dynamis QCW Nd:YAG 18 - Fotona SP Spectro Er:YAG laser 19 - Fotona SP Spectro Nd:YAG laser 20 - Fotona SP Spectro QCW Nd:YAG 21 - Gigga Laser GBOX GBOX-10B/C/F 22 - Gigga Laser VELAS VELASII15A/B/D 23 - NeoLaser neoV1064 24 - NeoLaser neoV1470 25 - NeoLaser neoV980 26 - Tobrix Intermedic EVLB laser RADIAL TIP 27 - Tobrix Intermedic EVLB laser The Inter Medic 1500 28 - Tobrix Quanta System 1470nm Laser EVLB ZJN compact 29 - Tobrix Tulip endo laser set Tulip Tip fiber and 1470 laser 99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
EVLA Wavelength				
EVLAWAVELENGTH	Optional			SingleChoice: the code only. 1 - 532 2 - 585 3 - 650 4 - 810 5 - 940 6 - 980 7 - 1064 8 - 1074 9 - 1470 99 - Other
Other EVLA Wavelength				
OTHEREVLAWAVELENGTH	Optional			Integer: enter a whole number.
Fibre tip				
FIBRETIP	Optional			SingleChoice: the code only. 1 - Bare tip 2 - Jacket tip 3 - Tulip tip 4 - Radial firing 9 - Other
Other Fibre tip				
OTHERFIBRETIP	Optional			ShortString: maximum of 1,024 characters.

Upload file

RFA

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Procedural anticoagulation therapy
Site of cannulation
Other site of cannulation
RF Catheter
Segmental RF Catheter
Other segmental RF catheter
Tumescence Volume (cc)
Length of treated vein - unit: cm
Number of cycles
Non-segmental RF catheter
Details
Pullback time - unit: Minutes
Pullback time - unit: seconds

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 4 - Radiofrequency ablation
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy

VEINTREATED

Mandatory**SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein 68 - Saphenofemoral Junction + Proximal Great Saphenous Vein 69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein 74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein 75 - Varicose Veins 76 - Obturator Vein 77 - Superior Gluteal Vein 78 - Inferior Gluteal Vein 79 - Internal Pudental Vein 80 - Sciatic Vein 81 - Profunda Femoral Vein 82 - Femoral Vein Mid-Thigh 83 - Femoral Vein Distal Thigh 84 - Gastrocnemeous Vein 85 - Soleal Vein 86 - Anterior Tibial Vein 87 - Tributaries 88 - Small Veins / Telangectasias 89 - Reticular Veins 98 - Inferior Vena Cava 99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Site of cannulation				
SITEOFCANNULATION	Optional			SingleChoice: the code only. 1 - Proximal thigh 2 - Mid thigh 3 - Distal thigh 4 - Knee 5 - Proximal calf 6 - Mid calf 7 - Lower calf 8 - Ankle
Other site of cannulation				
OTHERSITEOFCANNULATION	Optional			ShortString: maximum of 1,024 characters.

Field title					
Header field name	Importance	Min value	Max value	Values allowed	
RF Catheter					
RFCATHETER	Optional			SingleChoice: the code only. 1 - Segmental 2 - Non-segmental	
Segmental RF Catheter					
SEGMENTALRFCATHETER	Optional			SingleChoice: the code only. 1 - Venefit/VNUS ClosureFast 3cm 2 - Venefit/VNUS ClosureFast 7cm 3 - Venclose 10cm 4 - Venclose 2.5cm 9 - Other	
Other segmental RF catheter					
OTHERSEGMENTALRFCATHETER	Optional			ShortString: maximum of 1,024 characters.	
Tumescence Volume (cc)					
TUMESCENCEVOLUMECC	Optional	0	1000	Integer: enter a whole number.	
Length of treated vein - unit: cm					
LENGTHOFTREATEDVEIN	Optional			Floating point: enter a numeric value.	
Number of cycles					
NUMBEROFCYCLES	Optional	0	30	Integer: enter a whole number.	
Non-segmental RF catheter					
NONSEGMENTALRFCATHETER	Optional			SingleChoice: the code only. 1 - Olympus/Celon RFITT 2 - Olympus/Celon RFITT 3 - EVRF (F-Care Systems) 9 - Other	
Details					
DETAILSRF	Optional			ShortString: maximum of 1,024 characters.	

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Pullback time - unit: Minutes				
TIMEOFRFTREATMENTM	Optional	0		Integer: enter a whole number.
Pullback time - unit: seconds				
TIMEOFRFTREATMENT	Optional	0	59	Integer: enter a whole number.

Upload file

MOCA

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Site of cannulation
Other site of cannulation
Procedural anticoagulation therapy
Length of treated vein - unit: cm
Sclerosant used
Concentration of sclerosant - unit: %
Total volume of Sclerosant - unit: ml
Pullback Speed - unit: cm/s

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 5 - Mechano-chemical occlusion (Clarivein)
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy

VEINTREATED

Mandatory**SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				
				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein
				66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein
				68 - Saphenofemoral Junction + Proximal Great Saphenous Vein
				69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
				70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein
				71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein
				73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein
				74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein
				75 - Varicose Veins
				76 - Obturator Vein
				77 - Superior Gluteal Vein
				78 - Inferior Gluteal Vein
				79 - Internal Pudendal Vein
				80 - Sciatic Vein
				81 - Profunda Femoral Vein
				82 - Femoral Vein Mid-Thigh
				83 - Femoral Vein Distal Thigh
				84 - Gastrocnemeous Vein
				85 - Soleal Vein
				86 - Anterior Tibial Vein
				87 - Tributaries
				88 - Small Veins / Telangectasias
				89 - Reticular Veins
				98 - Inferior Vena Cava
				99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Site of cannulation				
SITEOFCANNULATION	Optional			SingleChoice: the code only. 1 - Proximal thigh 2 - Mid thigh 3 - Distal thigh 4 - Knee 5 - Proximal calf 6 - Mid calf 7 - Lower calf 8 - Ankle
Other site of cannulation				
OTHERSITEOFCANNULATION	Optional			ShortString: maximum of 1,024 characters.
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Length of treated vein - unit: cm				
LENGTHOFTREATEDVEIN	Optional			Floating point: enter a numeric value.
Sclerosant used				
SCLEROSANTUSED	Optional			SingleChoice: the code only. 1 - STS 2 - Polidocanol 9 - Other
Concentration of sclerosant - unit: %				
CONCENTRATIONOFSCLEROSANT	Optional	0	100	Integer: enter a whole number.
Total volume of Sclerosant - unit: ml				
TOTALVOLUMEOFSCLEROSANT	Optional			Floating point: enter a numeric value.
Pullback Speed - unit: cm/s				
PULLBACKSPEED2	Optional			Floating point: enter a numeric value.

Upload file

Cyanoacrylate

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Site of cannulation
Other site of cannulation
Procedural anticoagulation therapy
Length of treated vein - unit: cm
Volume of sealant used
Manufacturer of Sealant
Other manufacturer of glue

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 6 - Cyanoacrylate treatment
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy

VEINTREATED

Mandatory**SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				<p>Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein</p> <p>66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein</p> <p>68 - Saphenofemoral Junction + Proximal Great Saphenous Vein</p> <p>69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein</p> <p>70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein</p> <p>71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein</p> <p>73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein</p> <p>74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein</p> <p>75 - Varicose Veins</p> <p>76 - Obturator Vein</p> <p>77 - Superior Gluteal Vein</p> <p>78 - Inferior Gluteal Vein</p> <p>79 - Internal Pudendal Vein</p> <p>80 - Sciatic Vein</p> <p>81 - Profunda Femoral Vein</p> <p>82 - Femoral Vein Mid-Thigh</p> <p>83 - Femoral Vein Distal Thigh</p> <p>84 - Gastrocnemeous Vein</p> <p>85 - Soleal Vein</p> <p>86 - Anterior Tibial Vein</p> <p>87 - Tributaries</p> <p>88 - Small Veins / Telangectasias</p> <p>89 - Reticular Veins</p> <p>98 - Inferior Vena Cava</p> <p>99 - Other</p>

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Site of cannulation				
SITEOFCANNULATION	Optional			SingleChoice: the code only. 1 - Proximal thigh 2 - Mid thigh 3 - Distal thigh 4 - Knee 5 - Proximal calf 6 - Mid calf 7 - Lower calf 8 - Ankle
Other site of cannulation				
OTHERSITEOFCANNULATION	Optional			ShortString: maximum of 1,024 characters.
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other

Field title	Importance	Min value	Max value	Values allowed
Header field name				
Length of treated vein - unit: cm				
LENGHTOFTREATEDVEIN	Optional			Floating point: enter a numeric value.
Volume of sealant used				
VOLUMEOFSEALANTUSED	Optional			Floating point: enter a numeric value.
Manufacturer of Sealant				
MANUFACTUREROFSEALANT	Optional			SingleChoice: the code only. 1 - Venaseal 9 - Other
Other manufacturer of glue				
OTHERMANUFACTUREROFGLUE	Optional			ShortString: maximum of 1,024 characters.

Upload file

PVEmbolization

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Procedural anticoagulation therapy
Access site for deep veins
Number of coils
Chemical ablation done simultaneously
Sclerosant agent
Sclerosant concentration - unit: %
Gas used
%CO2 - unit: %
%O2 - unit: %
Total volume of foam as a liquid - unit: ml
Liquid to gas ratio
Notes
Embolized treatment area
Embolization modality

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 7 - Pelvic vein embolization
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy

VEINTREATED

Mandatory**SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				
				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein
				66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein
				68 - Saphenofemoral Junction + Proximal Great Saphenous Vein
				69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
				70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein
				71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein
				73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein
				74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein
				75 - Varicose Veins
				76 - Obturator Vein
				77 - Superior Gluteal Vein
				78 - Inferior Gluteal Vein
				79 - Internal Pudendal Vein
				80 - Sciatic Vein
				81 - Profunda Femoral Vein
				82 - Femoral Vein Mid-Thigh
				83 - Femoral Vein Distal Thigh
				84 - Gastrocnemeous Vein
				85 - Soleal Vein
				86 - Anterior Tibial Vein
				87 - Tributaries
				88 - Small Veins / Telangectasias
				89 - Reticular Veins
				98 - Inferior Vena Cava
				99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Access site for deep veins				
ACCESSSITEFORDEEPVEINS	Optional			SingleChoice: the code only. 1 - Right Femoral 2 - Left Femoral 3 - Right Internal Jugular
Number of coils				
NUMBEROFCOILS	Optional			Integer: enter a whole number.
Chemical ablation done simultaneously				
CHEMICALABLATIONDONESIMULTANEOUSLY	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Sclerosant agent				
SCLEROSANTAGENTCE	Optional			SingleChoice: the code only. 1 - Sodium tetradecyl sulphate 2 - Polidocanol 3 - Varithena 9 - Other
Sclerosant concentration - unit: %				
SCLEROSANTCONCENTRATIONCE	Optional	0.1	100	Floating point: enter a numeric value.
Gas used				
GASUSEDCE	Optional			SingleChoice: the code only. 1 - Room air 2 - Gas mix (CO2 & O2) 9 - Other
%CO2 - unit: %				
CO2CE	Optional			Integer: enter a whole number.
%O2 - unit: %				
O2CE	Optional			Integer: enter a whole number.
Total volume of foam as a liquid - unit: ml				
TOTALVOLUMEOFFOAMASALIQUIDFLOAT	Optional			Floating point: enter a numeric value.
Liquid to gas ratio				
LIQUIDTOGASRATIOCE	Optional			SingleChoice: the code only. 1 - 1:1 (50%) 2 - 1:2 (33%) 3 - 1:3 (25%) 4 - 1:4 (20%) 5 - 1:5 (17%)
Notes				
COILNOTES	Optional			ShortString: maximum of 1,024 characters.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Embolized treatment area				
EMBOLIZEDTREATMENTAREA	Optional			SingleChoice: the code only. 1 - Upper third 2 - Middle third 3 - Lower third 4 - Combination of areas
Embolization modality				
EMBOLIZATIONMODALITY	Optional			SingleChoice: the code only. 1 - Coil 2 - Plug 3 - Sclerosant

Upload file

Stent

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Type of anesthesia
Procedural anticoagulation therapy
Number of stents
Stent type
Other stent type
Access site for deep veins
Stent Length
Other Stent Length - unit: mm
Stent diameter
Post-operative anti-coagulation
IVUS used
Did stent extend into IVC
Was a Gianturco stent utilized
Notes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 8 - Stent
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title	Importance	Min value	Max value	Values allowed
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Vein anatomy

VEINTREATED

Mandatory**SingleChoice:** the code only.

- 1 - Renal Vein
- 2 - Ovarian Vein
- 3 - Common Iliac Vein
- 4 - External Iliac Vein
- 5 - Internal Iliac Vein
- 6 - Common Femoral Vein
- 7 - Saphenofemoral Junction
- 8 - Femoral Vein
- 9 - Anterior Accessory Saphenous Vein
- 10 - Posterior Accessory Saphenous Vein
- 11 - Proximal Great Saphenous Vein
- 12 - Giacomini vein
- 13 - Mid-Thigh Great saphenous Vein
- 14 - Mid-Thigh Perforator
- 15 - Lower Thigh/Knee Great saphenous Vein
- 16 - Saphenopopliteal Junction
- 17 - Popliteal Vein
- 18 - Proximal Calf Perforator
- 19 - Proximal Small Saphenous Vein
- 20 - Peroneal Vein
- 21 - Mid-Calf Perforator
- 22 - Posterior Tibial Vein
- 23 - Distal Small Saphenous Vein
- 24 - Distal Posterior Tibial Vein
- 25 - Distal Great Saphenous Vein
- 26 - Lower Calf Perforator Vein
- 27 - Ankle Perforator
- 28 - Testicular Vein
- 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
- 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein
+ Lower Thigh/Knee Great saphenous Vein
- 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein 68 - Saphenofemoral Junction + Proximal Great Saphenous Vein 69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein 74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein 75 - Varicose Veins 76 - Obturator Vein 77 - Superior Gluteal Vein 78 - Inferior Gluteal Vein 79 - Internal Pudendal Vein 80 - Sciatic Vein 81 - Profunda Femoral Vein 82 - Femoral Vein Mid-Thigh 83 - Femoral Vein Distal Thigh 84 - Gastrocnemeous Vein 85 - Soleal Vein 86 - Anterior Tibial Vein 87 - Tributaries 88 - Small Veins / Telangectasias 89 - Reticular Veins 98 - Inferior Vena Cava 99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Number of stents				
NUMBEROFSTENTS	Optional			Integer: enter a whole number.
Stent type				
STENTTYPE	Optional			SingleChoice: the code only. 1 - Boston Scientific 2 - Cook 3 - Veniti 4 - Other
Other stent type				
OTHERSTENTTYPE	Optional			ShortString: maximum of 1,024 characters.

Field title					
Header field name	Importance	Min value	Max value	Values allowed	
Access site for deep veins					
ACCESSSITEFORDEEPVEINS	Optional			SingleChoice: the code only. 1 - Right Femoral 2 - Left Femoral 3 - Right Internal Jugular	
Stent Length					
STENTLENGTH	Optional			SingleChoice: the code only. 1 - 70mm 2 - 80mm 3 - 90mm 4 - Other	
Other Stent Length - unit: mm					
OTHERSTENTLENGTH	Optional			Integer: enter a whole number.	
Stent diameter					
STENTDIAMETER	Optional	12	24	Floating point: enter a numeric value.	
Post-operative anti-coagulation					
POSTOPERATIVEANTICOAGULATION	Optional			SingleChoice: the code only. 0 - No 1 - Yes	
IVUS used					
IVUSUSED	Optional			SingleChoice: the code only. 0 - No 1 - Yes	
Did stent extend into IVC					
DIDSTENTEXTENDINTOIVC	Optional			SingleChoice: the code only. 0 - No 1 - Yes	

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Was a Gianturco stent utilized				
WASAGIANTURCOSTENTUTILIZED	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Notes				
STENTNOTES	Optional			ShortString: maximum of 1,024 characters.

Upload file

ChemicalAblation

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Vein anatomy
Varicose Veins Treated
Type of anesthesia
Site of cannulation
Other site of cannulation
Procedural anticoagulation therapy
Largest diameter of treated vein - unit: mm
Sclerosant agent
Sclerosant concentration - unit: %
Formulation
Gas used
%CO2 - unit: %
%O2 - unit: %
Total volume of foam as a liquid - unit: ml
Liquid to gas ratio
Leg elevated
Patient mobilized
Ultrasound control
Visualisation
Phlebectomies performed?

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT	Mandatory			SingleChoice: the code only. 10 - Chemical ablation
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Vein anatomy				
VEINTREATED	Mandatory			SingleChoice: the code only. 1 - Renal Vein 2 - Ovarian Vein 3 - Common Iliac Vein 4 - External Iliac Vein 5 - Internal Iliac Vein 6 - Common Femoral Vein 7 - Saphenofemoral Junction 8 - Femoral Vein 9 - Anterior Accessory Saphenous Vein 10 - Posterior Accessory Saphenous Vein 11 - Proximal Great Saphenous Vein 12 - Giacomini vein 13 - Mid-Thigh Great saphenous Vein 14 - Mid-Thigh Perforator 15 - Lower Thigh/Knee Great saphenous Vein 16 - Saphenopopliteal Junction 17 - Popliteal Vein 18 - Proximal Calf Perforator 19 - Proximal Small Saphenous Vein 20 - Peroneal Vein 21 - Mid-Calf Perforator 22 - Posterior Tibial Vein 23 - Distal Small Saphenous Vein 24 - Distal Posterior Tibial Vein 25 - Distal Great Saphenous Vein 26 - Lower Calf Perforator Vein 27 - Ankle Perforator 28 - Testicular Vein 62 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 63 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 64 - Proximal Great Saphenous Vein + Mid-Thigh Great saphenous

Field title	Importance	Min value	Max value	Values allowed
Header field name				Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 66 - Proximal Small Saphenous Vein + Distal Small Saphenous Vein 68 - Saphenofemoral Junction + Proximal Great Saphenous Vein 69 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein 70 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein 71 - Saphenofemoral Junction + Proximal Great Saphenous Vein + Mid-Thigh Great saphenous Vein + Lower Thigh/Knee Great saphenous Vein + Distal Great Saphenous Vein 73 - Saphenopopliteal Junction + Proximal Small Saphenous Vein 74 - Saphenopopliteal Junction Proximal Small Saphenous Vein + Distal Small Saphenous Vein 75 - Varicose Veins 76 - Obturator Vein 77 - Superior Gluteal Vein 78 - Inferior Gluteal Vein 79 - Internal Pudendal Vein 80 - Sciatic Vein 81 - Profunda Femoral Vein 82 - Femoral Vein Mid-Thigh 83 - Femoral Vein Distal Thigh 84 - Gastrocnemeous Vein 85 - Soleal Vein 86 - Anterior Tibial Vein 87 - Tributaries 88 - Small Veins / Telangectasias 89 - Reticular Veins 98 - Inferior Vena Cava 99 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Varicose Veins Treated				
VARICOSEVEINSTREATED	Optional			SingleChoice: the code only. 1 - Above the Knee 2 - Below the Knee 3 - Both Above and Below the Knee
Type of anesthesia				
TYPEOFANESTHESIA	Optional			MultiChoice: the code(s) only. 0 - None 1 - Sedation 2 - Local 3 - General 4 - Regional 5 - Tumescant anesthesia
Site of cannulation				
SITEOFCANNULATION	Optional			SingleChoice: the code only. 1 - Proximal thigh 2 - Mid thigh 3 - Distal thigh 4 - Knee 5 - Proximal calf 6 - Mid calf 7 - Lower calf 8 - Ankle
Other site of cannulation				
OTHERSITEOFCANNULATION	Optional			ShortString: maximum of 1,024 characters.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Procedural anticoagulation therapy				
PROCEDURALANTICOAGULATIONTHERAPY	Optional			MultiChoice: the code(s) only. 0 - None 1 - Warfarin 2 - LMWH 3 - UFH 4 - Rivaroxaban (Xarelto) 5 - Apixaban (Eliquis) 6 - Dabigatran (Pradaxa) 7 - Edoxaban (Savaysa) 8 - Betrixaban (BevyxXa) 9 - Other
Largest diameter of treated vein - unit: mm				
LARGESTDIAMETEROFTREATEDVEINSCLEROTHERAPYMM	Optional	0		Floating point: enter a numeric value.
Sclerosant agent				
SCLEROSANTAGENT	Optional			SingleChoice: the code only. 1 - Sodium tetradecyl sulphate 2 - Polidocanol 3 - Varithena 9 - Other
Sclerosant concentration - unit: %				
SCLEROSANTCONCENTRATION	Optional	0.1	100	Floating point: enter a numeric value.
Formulation				
FORMULATION	Optional			SingleChoice: the code only. 1 - Liquid 2 - Foam

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Gas used				
GASUSEDCA	Optional			SingleChoice: the code only. 1 - Room air 2 - CO ₂ 3 - O ₂ 4 - Mixed CO ₂ /O ₂ 5 - Other
%CO2 - unit: %				
CO2	Optional			Integer: enter a whole number.
%O2 - unit: %				
O2	Optional			Integer: enter a whole number.
Total volume of foam as a liquid - unit: ml				
TOTALVOLUMEOFFOAMASALIQUID	Optional			Floating point: enter a numeric value.
Liquid to gas ratio				
LIQUIDTOGASRATIO	Optional			SingleChoice: the code only. 1 - 1:1 (50%) 2 - 1:2 (33%) 3 - 1:3 (25%) 4 - 1:4 (20%) 5 - 1:5 (17%)
Leg elevated				
LEGELEVATED	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Patient mobilized				
PATIENTMOBILIZED	Optional			SingleChoice: the code only. 0 - 0 minutes 1 - 2 minutes 2 - 5 minutes 3 - 10 minutes 4 - > 10 minutes
Ultrasound control				
ULTRASOUNDCONTROL	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Visualisation				
VISUALISATION	Optional			MultiChoice: the code(s) only. 1 - None 2 - Ultrasound 4 - Vein light 9 - Other
Phlebectomies performed?				
PHLEBECTOMIESPERFORMEDSCT	Optional			SingleChoice: the code only. 1 - Above knee 2 - Below Knee 3 - Both; above and below knee 9 - None

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ConservativeTherapy

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
EntryType
Method of treatment
Side
Date of procedure
Location of compression treatment
Other location for treatment
Type of compression therapy
Compression level
Details of other level compression
Compression regime
Prescribed frequency
Compliance with prescribed treatment
Actual frequency
Reason for non-compliance
Stocking type
Details of other stocking type
Stocking stiffness (static stiffness index)
Stocking brand name
Details of other stocking brand
Bandage type
Details of other bandage type
Bandage brand
Details of other bandage brand
Inelastic wrap brand
Details of other wrap brand
Pump brand
Details of other pump brand
Pump compression profile applied / prescribed
Details of other pump compression profile
Pump compression frequency

Details of other pump frequency

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
EntryType				
ENTRYTYPE	Mandatory			SingleChoice: the code only. 1 - Treatment
Method of treatment				
METHODOFTREATMENT		Optional		SingleChoice: the code only. 11 - Conservative Therapy
Side				
SIDE	Mandatory			SingleChoice: the code only. 1 - Left 2 - Right
Date of procedure				
DATEOFPROCEDURE	Mandatory			Date: ODBC date as yyyy-mm-dd.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Location of compression treatment				
LOCATIONOFCOMPRESSIONTREATMENT	Optional			SingleChoice: the code only. 1 - Below knee 2 - Whole leg 3 - Waist high 4 - Trunk 5 - Legs & trunk 6 - Foot 9 - Other
Other location for treatment				
OTHERLOCATIONFORTREATMENT	Optional			ShortString: maximum of 1,024 characters.
Type of compression therapy				
TYPEOFCOMPRESSIONTHERAPY	Optional			MultiChoice: the code(s) only. 1 - Elastic stocking 2 - Flat-knit stocking 3 - Bandage 4 - Inelastic wrap 5 - Pump
Compression level				
COMPRESSIONLEVEL	Optional			MultiChoice: the code(s) only. 1 - 10-15 mm Hg 2 - 15-20 mm Hg 3 - 20-30 mm Hg 4 - 30-40 mm Hg 5 - 40-50 mm Hg 6 - Other
Details of other level compression				
DETAILSOFOOTHERLEVELCOMPRESSION	Optional			ShortString: maximum of 1,024 characters.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Compression regime				
COMPRESSIONREGIME	Optional			SingleChoice: the code only. 1 - Day & night 2 - Day only 3 - Night only
Prescribed frequency				
PRESCRIBEDFREQUENCY	Optional			SingleChoice: the code only. 1 - One day per week 2 - Two days per week 3 - Three days per week 4 - Four days per week 5 - Five days per week 6 - Six days per week 7 - Seven days per week
Compliance with prescribed treatment				
COMPLIANCEWITHPRESCRIBEDTREATMENT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Actual frequency				
ACTUALFREQUENCY	Optional			SingleChoice: the code only. 0 - Non-compliant 1 - One day per week 2 - Two days per week 3 - Three days per week 4 - Four days per week 5 - Five days per week 6 - Six days per week 7 - Seven days per week

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Reason for non-compliance				
REASONFORNONCOMPLIANCE	Optional			MultiChoice: the code(s) only. 1 - Too tight / not tolerable 2 - Too hard to get on / off 3 - Too expensive 4 - Insurance doesn't cover cost 5 - Too hot
Stocking type				
STOCKINGTYPE	Optional			SingleChoice: the code only. 1 - Knee high 2 - Thigh high 3 - Waist high 4 - Tights 5 - Two layer stocking 6 - Ulcer kit 9 - Other
Details of other stocking type				
DETAILSOFOTHERSTOCKINGTYPE	Optional			ShortString: maximum of 1,024 characters.
Stocking stiffness (static stiffness index)				
STOCKINGSTIFFNESSSTATICSTIFFNESSINDEX	Optional			SingleChoice: the code only. 1 - SSI under 10 2 - SSI 11-29 3 - SSI 30 and above 9 - Unknown
Stocking brand name				
STOCKINGBRANDNAME	Optional			SingleChoice: the code only. 1 - Jobst 2 - Juzo 3 - Mediven (medi) 4 - Sigvaris 9 - Other

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Details of other stocking brand				
DETAILSOFOOTHERSTOCKINGBRAND	Optional			ShortString: maximum of 1,024 characters.
Bandage type				
BANDAGETYPE	Optional			SingleChoice: the code only. 1 - Unna boot 2 - Single layer 3 - Multilayer 9 - Other
Details of other bandage type				
DETAILSOFOOTHERBANDAGETYPE	Optional			ShortString: maximum of 1,024 characters.
Bandage brand				
BANDAGEBRAND	Optional			SingleChoice: the code only. 1 - Comprilan (Essity) 2 - 3M 3 - PROFORE (Smith & Nephew) 4 - Rosidal (Lohman Rauscher) 9 - Other
Details of other bandage brand				
DETAILSOFOOTHERBANDAGEBRAND	Optional			ShortString: maximum of 1,024 characters.
Inelastic wrap brand				
WRAPBRANDNAME	Optional			SingleChoice: the code only. 1 - CircAid (medi) 2 - Farrow wrap (Essity) 3 - Solaris (Logmann Rauscher) 4 - BiaCare (Sigvaris) 5 - Juzo 9 - Other
Details of other wrap brand				
DETAILSOFOOTHERWRAPBRAND	Optional			ShortString: maximum of 1,024 characters.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Pump brand				
PUMPBRAND	Optional			SingleChoice: the code only. 1 - Flexitouch (Tactile Medical) 2 - Entre (Tactile Medical) 3 - Lymphapress 4 - BioCompression 5 - PCS (medi) 6 - ACI Medical 9 - Other
Details of other pump brand				
DETAILSOFOtherPUMPBRAND	Optional			ShortString: maximum of 1,024 characters.
Pump compression profile applied / prescribed				
PUMPCompressionProfileAppliedPrescribed	Optional			SingleChoice: the code only. 1 - Normal Gradient (30-60 mm Hg peak pressure) 2 - Increased Gradient (> 60 mm Hg peak pressure) 3 - Decreased Gradient (< 30 mm Hg peak pressure) 9 - Other
Details of other pump compression profile				
DETAILSOFOtherPUMPCompressionProfile	Optional			ShortString: maximum of 1,024 characters.
Pump compression frequency				
PUMPCompressionFrequency	Optional			SingleChoice: the code only. 1 - Once daily 2 - Twice daily 3 - One extremity per day; alternating days 9 - Other
Details of other pump frequency				
DETAILSOFOtherPUMPFrequency	Optional			ShortString: maximum of 1,024 characters.

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BaselineB

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Bruising / Bleeding
Pain
Access Site Irritation
Access Site Infection
Skin Staining
Superficial Thrombophlebitis
DVT
Peripheral Neuropathy
Type I Allergic Reaction
Type IV Allergic Reaction (granuloma formation)
Catheter Problem - fracture
Retained Foreign Body
EHIT
EHIT score
Stoke/TIA
MI
Bleeding - requiring transfusion
Sustained Arrhythmia - post procedure (a-fib, v-tach, v-fib)
Allergic Reaction
Pulmonary Embolism
Patient Status at Discharge
Date of discharge
Date of death

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Bruising / Bleeding				
BRUISINGBLEEDING	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Pain				
PAIN	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Access Site Irritation				
ACCESSSITEIRRITATION	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Access Site Infection				
ACCESSSITEINFECTION	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title	Importance	Min value	Max value	Values allowed
Skin Staining				
SKINSTAINING	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Superficial Thrombophlebitis				
SUPERFICIALTHROMBOPHLEBITIS	Optional			SingleChoice: the code only. 0 - No 1 - Yes
DVT				
DVT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Peripheral Neuropathy				
PERIPHERALNEUROPATHY	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Type I Allergic Reaction				
TYPEIALLERGICREACTION	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Type IV Allergic Reaction (granuloma formation)				
TYPEIVALLERGICREACTION	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Catheter Problem - fracture				
CATHETERPROBLEMFRACTURE	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Retained Foreign Body				
RETAINEDFOREIGNBODY	Optional			SingleChoice: the code only. 0 - No 1 - Yes
EHIT				
EHIT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
EHIT score				
EHITSCORE	Optional			SingleChoice: the code only. 1 - 1 2 - 2 3 - 3 4 - 4
Stoke/TIA				
STOKETIA	Optional			SingleChoice: the code only. 0 - No 1 - Yes
MI				
MI	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Bleeding - requiring transfusion				
BLEEDINGREQUIRINGTRANSFUSION	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Sustained Arrhythmia - post procedure (a-fib, v-tach, v-fib)				
SUSTAINEDARRHYTHMIAPOSTPROCEDUREAFIBVTACHVFIB	Optional			SingleChoice: the code only. 0 - No 1 - Yes

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Allergic Reaction				
ALLERGICREACTION	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Pulmonary Embolism				
PULMONARYEMBOLISM	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Patient Status at Discharge				
PATIENTSTATUSATDISCHARGE	Optional			SingleChoice: the code only. 1 - Alive 2 - Died
Date of discharge				
DATEOFDISCHARGE	Optional			Date: ODBC date as yyyy-mm-dd.
Date of death				
DATEOFDEATH	Optional			Date: ODBC date as yyyy-mm-dd.

Upload file

Followup

fields included:

Multichoice separator
Layout specification version
SubmitGroup Code
Import link ID
Import Child ID
Date Of Followup
Symptom recurrence
Duplex recanalization
Follow-up complications
Other follow-up complications
Currently pregnant
Covid-19 RNA test positive
Date of Covid-19 positive test
Covid-19 antibody test positive
Date of Covid-19 antibody positive test
Replaced compression product
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position
Venous edema
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dermatitis)
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis
Active Ulcer Number
Active Ulcer Duration (Longest Active)
Active ulcer size
Use of Compression Therapy
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify

in the standing position
Venous edema
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dermatitis)
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis
Active Ulcer Number
Active Ulcer Duration (Longest Active)
Active ulcer size
Use of Compression Therapy
Clinical signs - grade (C) left leg
Clinical signs - Presentation (C) left leg
Etiologic classification (E) left leg
Anatomic distribution (A) left leg
Pathophysiologic dysfunction (P) left leg
Clinical signs - grade (C) right leg
Clinical signs - Presentation (C) right leg
Etiologic classification (E) right leg
Anatomic distribution (A) right leg
Pathophysiologic dysfunction (P) right leg
Discomfort / Pain
Appearance / Attractiveness
Risk / Threat to your Health
Restriction of Movement / Activities
Emotional Distress
Overall Discomfort
Overall Discomfort
Pain
Pain
Heaviness
Heaviness

Upload file

Followup

fields included:

Itching
Itching
Night Cramps
Night Cramps
Swelling
Swelling
Warm or Burning sensation
Warm or Burning sensation
Tingling
Tingling
Stinging or Stabbing sensation
Stinging or Stabbing sensation
Restless legs
Restless legs
Worse with heat
Worse with heat
Do your vein problems affect the overall appearance of your leg
Do your vein problems affect the overall appearance of your leg
Do you choose your clothing based on your vein problems
Do you choose your activities based on your vein problems
Overall restriction
At work
At home
Sport or Leisure activity
Prolonged standing
Prolong sitting
When walking
When using stairs
During sleep
Social activities
Intimate or Sexual relations
Day and Night
Morning
Middle of the day
Evening
At bedtime

Left leg
Right leg
Overall emotional consequences
Because of my vein problems. I am on edge
Because of my vein problems. I am irritable
Because of my vein problems. I feel like I am burden to others
Overall. Do your vein problems worry you
Does the possible worsening of your vein disease worry you
Does the possibility of your condition causing complications worry you
Does it worry you that someone related to you suffers from vein disease
Physical functioning
Role limitation
Social functioning
Pain
Mental health
Vitality
Heavy legs
Heavy legs
Aching legs
Aching legs
Swelling
Swelling
Night cramps
Night cramps
Heat or Burning sensation
Heat or Burning sensation
Restless legs
Restless legs
Throbbing
Throbbing
Itching
Itching
Tingling sensation
Tingling sensation

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Multichoice separator				
S	Mandatory			A character: you may define the single character you wish to use to separate values in multi-value fields.
Layout specification version				
SPECVERSION	Mandatory			Integer: use 1.6 for this version of the specification
SubmitGroup Code				
SUBMITCODE	Mandatory			String: a code used to identify the source of the data.
Import link ID				
IMPORTLINKID	Mandatory			Integer: enter a whole number.
Import Child ID				
IMPORTCHILDID		Optional		Integer: enter a whole number.
Date Of Followup				
DATEOFFOLLOWUP	Mandatory			Date: ODBC date as yyyy-mm-dd.
Symptom recurrence				
SYMPTOMRECURRENCE		Optional		SingleChoice: the code only. 0 - None 1 - Left leg 2 - Right leg 3 - Both legs
Duplex recanalization				
DUPLEXRECANALIZATION		Optional		MultiChoice: the code(s) only. 0 - None 1 - Left leg 2 - Right leg

Field title	Importance	Min value	Max value	Values allowed
Follow-up complications				
FOLLOW_UPCOMPLICATIONS	Optional			MultiChoice: the code(s) only. 0 - None 1 - PE 2 - DVT 3 - EHIT 9 - Other
Other follow-up complications				
OTHERFOLLOW_UPCOMPLICATIONS	Optional			ShortString: maximum of 1,024 characters.
Currently pregnant				
CURRENTLYPREGNANT	Optional			SingleChoice: the code only. 0 - No 1 - Yes - first trimester 2 - Yes - second trimester 3 - Yes - third trimester
Covid-19 RNA test positive				
COVID19RNATESTPOSITIVE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Date of Covid-19 positive test				
DATEOFCOVID19POSITIVETEST	Optional			Date: ODBC date as yyyy-mm-dd.
Covid-19 antibody test positive				
COVID19ANTIBODYTESTPOSITIVE	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Date of Covid-19 antibody positive test				
DATEOFCOVID19ANTIBODYPOSITIVETEST	Optional			Date: ODBC date as yyyy-mm-dd.

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Replaced compression product				
REPLACEDCOMPRESSIONPRODUCT	Optional			SingleChoice: the code only. 0 - No 1 - Yes
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)				
PAINLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Occasional pain or other discomfort (i.e. not restricting regular daily activities) 2 - 2 - Moderate: Daily pain or other discomfort (ie; interfering with but not preventing regular daily activities) 3 - 3 - Severe: Daily pain or discomfort (ie; limits most regular daily activities)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position				
VARICOSEVEINSLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Few scattered(i.e.; isolated branch varicositics or clusters) Also includes corona phlebectatica (ankle flare) 2 - 2 - Moderate: Confined to calf or thigh 3 - 3 - Severe: Involves calf and thigh
Venous edema				
VENOUSEDEMALEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to foot and ankle area 2 - 2 - Moderate: Extends above ankle but below knee 3 - 3 - Severe: Extends to knee and above
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases				
SKINPIGMENTATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: None or Focal 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf

Field title	Importance	Min value	Max value	Values allowed
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dermatitis)				
INFLAMMATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider Distribution above lower third of calf
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis				
INDURATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf
Active Ulcer Number				
TOTALNUMBEROFULCERSLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild 2 - 2 - Moderate 3 - 3 - Severe
Active Ulcer Duration (Longest Active)				
ACTIVEULCERATIONDURATIONLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: <3 mo 2 - 2 - Moderate:>3 mo but <1 y 3 - 3 - Severe: Not healed for >1 y
Active ulcer size				
ACTIVEULCERSIZELEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Diameter <2 cm 2 - 2 - Moderate: Diameter 2-6 cm 3 - 3 - Severe: Diameter >6 cm

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Use of Compression Therapy				
COMPRESSIONTHERAPYLEFTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Intermittent use of stockings 2 - 2 - Moderate: Wears stockings most days 3 - 3 - Severe: Full compliance stockings
Pain or other discomfort (I.E. aching, heaviness, fatigue, soreness, burning)				
PAINRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Occasional pain or other discomfort (i.e. not restricting regular daily activities) 2 - 2 - Moderate: Daily pain or other discomfort (ie; interfering with but not preventing regular daily activities) 3 - 3 - Severe: Daily pain or discomfort (ie; limits most regular daily activities)
Varicose veins 'Varicose' veins must be 3mm in diameter to qualify in the standing position				
VARICOSEVEINSRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Few scattered(i.e.; isolated branch varicositics or clusters) Also includes corona phlebectatica (ankle flare) 2 - 2 - Moderate: Confined to calf or thigh 3 - 3 - Severe: Involves calf and thigh
Venous edema				
VENOUSEDEMARIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to foot and ankle area 2 - 2 - Moderate: Extends above ankle but below knee 3 - 3 - Severe: Extends to knee and above

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Skin Pigmentation Presumes venous origin. Does not include focal pigmentation over varicose veins or pigmentation due to other chronic diseases				
SKINPIGMENTATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: None or Focal 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf
Inflammation More than just recent pigmentation (ie, crythema, cellulitis, venous eczema, dermatitis)				
INFLAMMATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider Distribution above lower third of calf
Induration of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis				
INDURATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild: Limited to perimallcolar area 2 - 2 - Moderate: Diffuse over lower third of calf 3 - 3 - Severe: Wider distribution above lower third of calf
Active Ulcer Number				
TOTALNUMBEROFULCERSRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None 1 - 1 - Mild 2 - 2 - Moderate 3 - 3 - Severe
Active Ulcer Duration (Longest Active)				
ACTIVEULCERATIONDURATIONRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: <3 mo 2 - 2 - Moderate:>3 mo but <1 y 3 - 3 - Severe: Not healed for >1 y

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Active ulcer size				
ACTIVEULCERSIZERIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Diameter <2 cm 2 - 2 - Moderate: Diameter 2-6 cm 3 - 3 - Severe: Diameter >6 cm
Use of Compression Therapy				
COMPRESSIONTHERAPYRIGHTLEG	Optional			SingleChoice: the code only. 0 - 0 - None: N/A 1 - 1 - Mild: Intermittent use of stockings 2 - 2 - Moderate: Wears stockings most days 3 - 3 - Severe: Full compliance stockings
Clinical signs - grade (C) left leg				
CLINICALSIGNSGRADECLEFTLEG	Optional			SingleChoice: the code only. 0 - C0 - No Venous Disease 1 - C1 - Spider or Reticular Veins 2 - C2 - Varicose Veins 3 - C2r - Recurrent Varicose Veins 4 - C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease 5 - C4a - Pigmentation; Eczema 6 - C4b - Lipodermatosclerosis; Atrophied Blanche 7 - C4c - Corona Phlebectacia 8 - C5 - Healed Venous Ulcer 9 - C6 - Active Venous Ulcer 10 - C6r - Recurrent Active Venous Ulcer
Clinical signs - Presentation (C) left leg				
CLINICALSIGNS_PRESENTATION_C_LEFTLEG	Optional			SingleChoice: the code only. 1 - Asymptomatic 2 - Symptomatic

Field title	Importance	Min value	Max value	Values allowed
Etiologic classification (E) left leg				
ETIOLOGICCLASSIFICATION_E_LEFTLEG	Optional			SingleChoice: the code only. 1 - Primary 2 - Secondary 3 - Congenital
Anatomic distribution (A) left leg				
ANATOMICDISTRIBUTION_A_LEFTLEG	Optional			MultiChoice: the code(s) only. 1 - Superficial 2 - Perforator 3 - Deep
Pathophysiologic dysfunction (P) left leg				
PATHOPHYSIOLOGICDYSFUNCTION_P_LEFTLEG	Optional			SingleChoice: the code only. 1 - Reflux 2 - Obstruction 3 - Reflux and obstruction
Clinical signs - grade (C) right leg				
CLINICALSIGNSGRADECRIGHTLEG	Optional			SingleChoice: the code only. 0 - C0 - No Venous Disease 1 - C1 - Spider or Reticular Veins 2 - C2 - Varicose Veins 3 - C2r - Recurrent Varicose Veins 4 - C4 - Changes in skin and subcutaneous tissue secondary to chronic venous disease 5 - C4a - Pigmentation; Eczema 6 - C4b - Lipodermatosclerosis; Atrophied Blanche 7 - C4c - Corona Phlebectacia 8 - C5 - Healed Venous Ulcer 9 - C6 - Active Venous Ulcer 10 - C6r - Recurrent Active Venous Ulcer

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Clinical signs - Presentation (C) right leg				
CLINICALSIGNS_PRESENTATION_C_RIGHTLEG	Optional			SingleChoice: the code only. 1 - Asymptomatic 2 - Symptomatic
Etiologic classification (E) right leg				
ETIOLOGICCLASSIFICATION_E_RIGHTLEG	Optional			SingleChoice: the code only. 1 - Primary 2 - Secondary 3 - Congenital
Anatomic distribution (A) right leg				
ANATOMICDISTRIBUTION_A_RIGHTLEG	Optional			MultiChoice: the code(s) only. 1 - Superficial 2 - Perforator 3 - Deep
Pathophysiologic dysfunction (P) right leg				
PATHOPHYSIOLOGICDYSFUNCTION_P_RIGHTLEG	Optional			SingleChoice: the code only. 1 - Reflux 2 - Obstruction 3 - Reflux and obstruction
Discomfort / Pain				
SQORVDISCOMFORTPAIN	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Appearance / Attractiveness				
SQORVAPPEARANCEATTRACTIVENESS	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Risk / Threat to your Health				
SQORVRISKTHREATTOYOURHEALTH	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Restriction of Movement / Activities				
SQORVRESTRICTIONOFMOVEMENTACTIVITIES	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning
Emotional Distress				
SQORVEMOTIONALDISTRESS	Optional			SingleChoice: the code only. 1 - 1 - Most Concerning 2 - 2 3 - 3 4 - 4 5 - 5 - Least Concerning

Field title	Importance	Min value	Max value	Values allowed
Overall Discomfort				
SQORVOVERALLDISCOMFORTRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Overall Discomfort				
SQORVOVERALLDISCOMFORTLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Pain				
SQORVPAINRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Pain				
SQORVPAINLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title	Importance	Min value	Max value	Values allowed
Heaviness				
SQORVHEAVINESSRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Heaviness				
SQORVHEAVINESSLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Itching				
SQORVITCHINGRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Itching				
SQORVITCHINGLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title	Header field name	Importance	Min value	Max value	Values allowed
Night Cramps					
	SQORVNIGHTCRAMPSRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Night Cramps					
	SQORVNIGHTCRAMPSLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Swelling					
	SQORVSWELLINGRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Swelling					
	SQORVSWELLINGLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title	Header field name	Importance	Min value	Max value	Values allowed
Warm or Burning sensation					
	SQORVWARMORBURNINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Warm or Burning sensation					
	SQORVWARMORBURNINGSENSATIONLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Tingling					
	SQORVTINGLINGRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Tingling					
	SQORVTINGLINGLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Stinging or Stabbing sensation				
SQORVSTINGINGORSTABBINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Stinging or Stabbing sensation				
SQORVSTINGINGORSTABBINGSENSATIONLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Restless legs				
SQORVRESTLESSLEGSRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Restless legs				
SQORVRESTLESSLEGSLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Worse with heat				
SQORVWORSEWITHHEATRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Worse with heat				
SQORVWORSEWITHHEATLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Do your vein problems affect the overall appearance of your leg				
SQORVDOYOURVEINPROBLEMSAFFECTRIGHT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme
Do your vein problems affect the overall appearance of your leg				
SQORVDOYOURVEINPROBLEMSAFFECTLEFT	Optional			SingleChoice: the code only. 1 - 1 - If you do not experience the symptom 2 - 2 - If the symptom is mild 3 - 3 - If the symptom is moderate 4 - 4 - If the symptom is severe 5 - 5 - If the symptom is extreme

Field title	Importance	Min value	Max value	Values allowed
Do you choose your clothing based on your vein problems				
SQORVDOYOUCHOOSEYOURCLOTHINGBASEDONYOURVEINPROBLEM Optional				SingleChoice: the code only. 1 - 1 - Never 2 - 2 - Rarely 3 - 3 - Often 4 - 4 - Usually 5 - 5 - Always
Do you choose your activities based on your vein problems				
SQORVDOYOUCHOOSEYOURACTIVITIESBASEDONYOURVEINPROBL Optional				SingleChoice: the code only. 1 - 1 - Never 2 - 2 - Rarely 3 - 3 - Often 4 - 4 - Usually 5 - 5 - Always
Overall restriction				
SQORVOVERALLRESTRICTION Optional				SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
At work				
SQORVATWORK Optional				SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
At home				
SQORVATHOME	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Sport or Leisure activity				
SQORVSPORTORLEISUREACTIVITY	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Prolonged standing				
SQORVPROLONGEDSTANDING	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Prolong sitting				
SQORVPROLONGEDSITTING	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
When walking				
SQORVWHENWALKING	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
When using stairs				
SQORVWHENUSINGSTAIRS	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
During sleep				
SQORVDURINGSLLEEP	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Social activities				
SQORVSOCIALACTIVITIES	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Intimate or Sexual relations				
SQORVINTIMATEORSEXUALRELATIONS	Optional			SingleChoice: the code only. 0 - 0 - Does not apply to me 1 - 1 - No impact 2 - 2 - Slight 3 - 3 - Moderate 4 - 4 - Severe 5 - 5 - Extreme
Day and Night				
SQORVDAYANDNIGHT	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderately 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
Morning				
SQORVMORNING	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderately 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
Middle of the day				
SQORVMIDDLEOFTHE DAY	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderately 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Evening				
SQORVEVENING	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
At bedtime				
SQORVATBEDTIME	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Moderatly 4 - 4 - Yes. Severely 5 - 5 - Yes. Extremely
Left leg				
SQORVHAVELEGPROBLEMSCHANGESINCELASTYEARLEFT	Optional			SingleChoice: the code only. 1 - 1 - Severe worsening 2 - 2 - Moderate worsening 3 - 3 - No change 4 - 4 - Moderate improvement 5 - 5 - Major improvement
Right leg				
SQORVHAVELEGPROBLEMSCHANGESINCELASTYEARRIGHT	Optional			SingleChoice: the code only. 1 - 1 - Severe worsening 2 - 2 - Moderate worsening 3 - 3 - No change 4 - 4 - Moderate improvement 5 - 5 - Major improvement

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Overall emotional consequences				
SQORVOVERALLEMOTIONALCONSEQUENCES	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Because of my vein problems. I am on edge				
SQORVBECAUSEOFMYVEINPROBLEMSIAMONEDGE	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Because of my vein problems. I am irritable				
SQORVBECAUSEOFMYVEINPROBLEMSIAMIRRITABLE	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Because of my vein problems. I feel like I am burden to others				
SQORVBECAUSEOFMYVEINPROBLEMSIFEELLIKEIAMBURDENTOOT	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Overall. Do your vein problems worry you				
SQORVOVERALLDOYOURVEINPROBLEMSWORRYYOU	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Does the possible worsening of your vein disease worry you				
SQORVDOSETHEPOSSIBLEWORSENINGOFOURVEINDISEASEWORR	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely
Does the possibility of your condition causing complications worry you				
SQORVDOESTHEPOSSIBILITYOFOURCONDITIONCAUSINGCOMPL	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. A lot 5 - 5 - Yes. a great deal
Does it worry you that someone related to you suffers from vein disease				
SQORVDOESITWORRYYOUHATSOMEONERELATEDTOYOUSUFFERSF	Optional			SingleChoice: the code only. 1 - 1 - No 2 - 2 - Yes. Slightly 3 - 3 - Yes. Somewhat 4 - 4 - Yes. Very 5 - 5 - Yes. Extremely

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Physical functioning				
SF6DPHYSICALFUNCTIONING	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - Your health does not limit you in vigorous activities 2 - Your health limits you a little in vigorous activities 3 - Your health limits you a little in moderate activities 4 - Your health limits you a lot in moderate activities 5 - Your health limits you a little in bathing and dressing 6 - Your health limits you a lot in bathing and dressing
Role limitation				
SF6DROLELIMITATION	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - You have no problems with your work or other regular daily activities as a result of your physical health or any emotional problems 2 - You are limited in the kind of work or other activities as a result of your physical health 3 - You accomplish less than you would like as a result of emotional problems 4 - You are limited in the kind of work or other activities as a result of your physical health and accomplish less that you would like as a result of emotional problems
Social functioning				
SF6DSOCIALFUNCTIONING	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - Your health limits your social activities none of the time 2 - Your health limits your social activities a little of the time 3 - Your health limits your social activities some of the time 4 - Your health limits your social activities most of the time 5 - Your health limits your social activities all of the time

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Pain				
SF6DPAIN	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - You have no pain 2 - You have pain but it does not interfere with your normal work (both outside the home and housework) 3 - You have pain that interferes with your normal work (both outside the home and housework) a little bit 4 - You have pain that interferes with your normal work (both outside the home and housework) moderately 5 - You have pain that interferes with your normal work (both outside the home and housework) quite a bit 6 - You have pain that interferes with your normal work (both outside the home and housework) extremely
Mental health				
SF6DMENTALHEALTH	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - You feel tense of downhearted and low none of the time 2 - You feel tense of downhearted and low a little of the time 3 - You feel tense of downhearted and low some of the time 4 - You feel tense of downhearted and low most of the time 5 - You feel tense of downhearted and low all of the time
Vitality				
SF6DVITALITY	Optional			<p>SingleChoice: the code only.</p> <ul style="list-style-type: none"> 1 - You have a lot of energy all of the time 2 - You have a lot of energy most of the time 3 - You have a lot of energy some of the time 4 - You have a lot of energy a little of the time 5 - You have a lot of energy none of the time

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Heavy legs				
VVSQHEAVYLEGSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Heavy legs				
VVSQHEAVYLEGSLLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Aching legs				
VVSQACHINGLEGSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Aching legs				
VVSQACHINGLEGSLLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title	Importance	Min value	Max value	Values allowed
Swelling				
VVSQSWELLINGRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Swelling				
VVSQSWELLINGLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Night cramps				
VVSQNIGHTCRAMPSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Night cramps				
VVSQNIGHTCRAMPSLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Heat or Burning sensation				
VVSQHEATORBURNINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Heat or Burning sensation				
VVSQHEATORBURNINGSENSATIONLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Restless legs				
VVSQRESTLESSLEGSRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Restless legs				
VVSQRESTLESSLEGSLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Throbbing				
VVSQTHROBBINGRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Throbbing				
VVSQTHROBBINGLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Itching				
VVSQITCHINGRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Itching				
VVSQITCHINGLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Field title				
Header field name	Importance	Min value	Max value	Values allowed
Tingling sensation				
VVSQTINGLINGSENSATIONRIGHT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)
Tingling sensation				
VVSQTINGLINGSENSATIONLEFT	Optional			SingleChoice: the code only. 0 - None of the time (0) 1 - A little of the time (1) 2 - Some of the time (2) 3 - A good bit of the time (3) 4 - Most of the time (4) 5 - All of the time (5)

Reference

Tables

fields included:

ICD10

Field title		Importance	Min value	Max value	Values allowed
ICD10					
18000	Phlebitis and Thrombophlebitis of Superficial Vessels of Unspecified Lower Extremity				180293 Phlebitis and Thrombophlebitis of Other Deep Vessels of Lower Extremity
18001	Phlebitis and Thrombophlebitis of Superficial Vessels of Right Lower Extremity				180299 Phlebitis and Thrombophlebitis of Other Deep Vessels of Unspecified Lower Extremity
18002	Phlebitis and Thrombophlebitis of Superficial Vessels of Left Lower Extremity				1803 Phlebitis and Thrombophlebitis of Lower Extremities
18003	Phlebitis and Thrombophlebitis of Superficial Vessels of Lower Extremities				1808 Phlebitis and Thrombophlebitis of Other Sites
18010	Phlebitis and Thrombophlebitis of Unspecified Femoral Vein				1809 Phlebitis and Thrombophlebitis of Unspecified Site
18011	Phlebitis and Thrombophlebitis of Right Femoral Vein				182210 Acute Embolism and Thrombosis of Superior Vena Cava
18012	Phlebitis and Thrombophlebitis of Left Femoral Vein				182211 Chronic Embolism and Thrombosis of Superior Vena Cava
18013	Phlebitis and Thrombophlebitis of Femoral Vein				182220 Acute Embolism and Thrombosis of Inferior Vena Cava
180201	Phlebitis and Thrombophlebitis of Unspecified Deep Vessels of Right Lower Extremity				182221 Chronic Embolism and Thrombosis of Inferior Vena Cava
180202	Phlebitis and Thrombophlebitis of Unspecified Deep Vessels of Left Lower Extremity				182290 Acute Embolism and Thrombosis of Other Thoracic Veins
180203	Phlebitis and Thrombophlebitis of Unspecified Deep Vessels of Lower Extremities				182291 Chronic Embolism and Thrombosis of Other Thoracic Veins
180209	Phlebitis and Thrombophlebitis of Unspecified Deep Vessels of Unspecified Lower Extremity				182401 Acute Embolism and Thrombosis of Unspecified Deep Veins of Right Lower Extremity
180211	Phlebitis and Thrombophlebitis of Right Iliac Vein				182402 Acute Embolism and Thrombosis of Unspecified Deep Veins of Left Lower Extremity
180212	Phlebitis and Thrombophlebitis of Left Iliac Vein				182403 Acute Embolism and Thrombosis of Unspecified Deep Veins of Lower Extremity
180213	Phlebitis and Thrombophlebitis of Iliac Vein				182409 Acute Embolism and Thrombosis of Unspecified Deep Veins of Unspecified Lower Extremity
180219	Phlebitis and Thrombophlebitis of Unspecified Iliac Vein				182411 Acute Embolism and Thrombosis of Right Femoral Vein
180221	Phlebitis and Thrombophlebitis of Right Popliteal Vein				182412 Acute Embolism and Thrombosis of Left Femoral Vein
180222	Phlebitis and Thrombophlebitis of Left Popliteal Vein				182413 Acute Embolism and Thrombosis of Femoral Vein
180223	Phlebitis and Thrombophlebitis of Popliteal Vein				182419 Acute Embolism and Thrombosis of Unspecified Femoral Vein
180229	Phlebitis and Thrombophlebitis of Unspecified Popliteal Vein				182421 Acute Embolism and Thrombosis of Right Iliac Vein
180231	Phlebitis and Thrombophlebitis of Right Tibial Vein				182422 Acute Embolism and Thrombosis of Left Iliac Vein
180232	Phlebitis and Thrombophlebitis of Left Tibial Vein				182423 Acute Embolism and Thrombosis of Iliac Vein
180233	Phlebitis and Thrombophlebitis of Tibial Vein				182429 Acute Embolism and Thrombosis of Unspecified Iliac Vein
180239	Phlebitis and Thrombophlebitis of Unspecified Tibial Vein				182431 Acute Embolism and Thrombosis of Right Popliteal Vein
180291	Phlebitis and Thrombophlebitis of Other Deep Vessels of Right Lower Extremity				182432 Acute Embolism and Thrombosis of Left Popliteal Vein
180292	Phlebitis and Thrombophlebitis of Other Deep Vessels of Left Lower Extremity				182433 Acute Embolism and Thrombosis of Popliteal Vein
					182439 Acute Embolism and Thrombosis of Unspecified Popliteal Vein
					182441 Acute Embolism and Thrombosis of Right Tibial Vein
					182442 Acute Embolism and Thrombosis of Left Tibial Vein
					182443 Acute Embolism and Thrombosis of Tibial Vein

Field title	Importance	Min value	Max value	Values allowed
ICD10 continued ...				
I82449 Acute Embolism and Thrombosis of Unspecified Tibial Vein				I82521 Chronic Embolism and Thrombosis of Right Iliac Vein
I82491 Acute Embolism and Thrombosis of Other Specified Deep Vein of Right Lower Extremity				I82522 Chronic Embolism and Thrombosis of Left Iliac Vein
I82492 Acute Embolism and Thrombosis of Other Specified Deep Vein of Left Lower Extremity				I82523 Chronic Embolism and Thrombosis of Iliac Vein
I82493 Acute Embolism and Thrombosis of Other Specified Deep Vein of Lower Extremity				I82529 Chronic Embolism and Thrombosis of Unspecified Iliac Vein
I82499 Acute Embolism and Thrombosis of Other Specified Deep Vein of Unspecified Lower Extremity				I82531 Chronic Embolism and Thrombosis of Right Popliteal Vein
I824Y1 Acute Embolism and Thrombosis of Unspecified Deep Veins of Right Proximal Lower Extremity				I82532 Chronic Embolism and Thrombosis of Left Popliteal Vein
I824Y2 Acute Embolism and Thrombosis of Unspecified Deep Veins of Left Proximal Lower Extremity				I82533 Chronic Embolism and Thrombosis of Popliteal Vein
I824Y3 Acute Embolism and Thrombosis of Unspecified Deep Veins of Proximal Lower Extremity				I82539 Chronic Embolism and Thrombosis of Unspecified Popliteal Vein
I824Y9 Acute Embolism and Thrombosis of Unspecified Deep Veins of Unspecified Proximal Lower Extremity				I82541 Chronic Embolism and Thrombosis of Right Tibial Vein
I824Z1 Acute Embolism and Thrombosis of Unspecified Deep Veins of Right Distal Lower Extremity				I82542 Chronic Embolism and Thrombosis of Left Tibial Vein
I824Z2 Acute Embolism and Thrombosis of Unspecified Deep Veins of Left Distal Lower Extremity				I82543 Chronic Embolism and Thrombosis of Tibial Vein
I824Z3 Acute Embolism and Thrombosis of Unspecified Deep Veins of Distal Lower Extremity				I82549 Chronic Embolism and Thrombosis of Unspecified Tibial Vein
I824Z9 Acute Embolism and Thrombosis of Unspecified Deep Veins of Unspecified Distal Lower Extremity				I82591 Chronic Embolism and Thrombosis of Other Specified Deep Vein of Right Lower Extremity
I82501 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Right Lower Extremity				I82592 Chronic Embolism and Thrombosis of Other Specified Deep Vein of Left Lower Extremity
I82502 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Left Lower Extremity				I82593 Chronic Embolism and Thrombosis of Other Specified Deep Vein of Lower Extremity
I82503 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Lower Extremity				I82599 Chronic Embolism and Thrombosis of Other Specified Deep Vein of Unspecified Lower Extremity
I82509 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Unspecified Lower Extremity				I825Y1 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Right Proximal Lower Extremity
I82511 Chronic Embolism and Thrombosis of Right Femoral Vein				I825Y2 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Left Proximal Lower Extremity
I82512 Chronic Embolism and Thrombosis of Left Femoral Vein				I825Y3 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Proximal Lower Extremity
I82513 Chronic Embolism and Thrombosis of Femoral Vein				I825Y9 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Unspecified Proximal Lower Extremity
I82519 Chronic Embolism and Thrombosis of Unspecified Femoral Vein				I825Z1 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Right Distal Lower Extremity
				I825Z2 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Left Distal Lower Extremity
				I825Z3 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Distal Lower Extremity
				I825Z9 Chronic Embolism and Thrombosis of Unspecified Deep Veins of Unspecified Distal Lower Extremity
				I83 Varicose Veins of Lower Extremities

Field title	Importance	Min value	Max value	Values allowed
ICD10 continued ...				
1830 Varicose Veins of Lower Extremity With Ulcer				18320 Varicose Veins of Unspecified Lower Extremities With Both Ulcer and Inflammation
18300 Varicose Veins of Unspecified Lower Extremity With Ulcer				183201 Varicose Veins of Unspecified Lower Extremity With Both Ulcer of Thigh and Inflammation
183001 Varicose Veins of Unspecified Lower Extremity With Ulcer of Thigh				183202 Varicose Veins of Unspecified Lower Extremity With Both Ulcer of Calf and Inflammation
183002 Varicose Veins of Unspecified Lower Extremity With Ulcer of Calf				183203 Varicose Veins of Unspecified Lower Extremity With Both Ulcer of Ankle and Inflammation
183003 Varicose Veins of Unspecified Lower Extremity With Ulcer of Ankle				183204 Varicose Veins of Unspecified Lower Extremity With Both Ulcer of Heel and Midfoot and Inflammation
183004 Varicose Veins of Unspecified Lower Extremity With Ulcer of Heel and Midfoot				183205 Varicose Veins of Unspecified Lower Extremity With Both Ulcer Other Part of Foot and Inflammation
183005 Varicose Veins of Unspecified Lower Extremity With Ulcer Other Part of Foot				183208 Varicose Veins of Unspecified Lower Extremity With Both Ulcer of Other Part of Lower Extremity and Inflammation
183008 Varicose Veins of Unspecified Lower Extremity With Ulcer Other Part of Lower Leg				183209 Varicose Veins of Unspecified Lower Extremity With Both Ulcer of Unspecified Site and Inflammation
183009 Varicose Veins of Unspecified Lower Extremity With Ulcer of Unspecified Site				18321 Varicose Veins of Right Lower Extremity With Both Ulcer and Inflammation
18301 Varicose Veins of Right Lower Extremity With Ulcer				183211 Varicose Veins of Right Lower Extremity With Both Ulcer of Thigh and Inflammation
183011 Varicose Veins of Right Lower Extremity With Ulcer of Thigh				183212 Varicose Veins of Right Lower Extremity With Both Ulcer of Calf and Inflammation
183012 Varicose Veins of Right Lower Extremity With Ulcer of Calf				183213 Varicose Veins of Right Lower Extremity With Both Ulcer of Ankle and Inflammation
183013 Varicose Veins of Right Lower Extremity With Ulcer of Ankle				183214 Varicose Veins of Right Lower Extremity With Both Ulcer of Heel and Midfoot and Inflammation
183014 Varicose Veins of Right Lower Extremity With Ulcer of Heel and Midfoot				183215 Varicose Veins of Right Lower Extremity With Both Ulcer Other Part of Foot and Inflammation
183015 Varicose Veins of Right Lower Extremity With Ulcer Other Part of Foot				183218 Varicose Veins of Right Lower Extremity With Both Ulcer of Other Part of Lower Extremity and Inflammation
183018 Varicose Veins of Right Lower Extremity With Ulcer Other Part of Lower Leg				183219 Varicose Veins of Right Lower Extremity With Both Ulcer of Unspecified Site and Inflammation
183019 Varicose Veins of Right Lower Extremity With Ulcer of Unspecified Site				18322 Varicose Veins of Left Lower Extremity With Both Ulcer and Inflammation
18302 Varicose Veins of Left Lower Extremity With Ulcer				183221 Varicose Veins of Left Lower Extremity With Both Ulcer of Thigh and Inflammation
183021 Varicose Veins of Left Lower Extremity With Ulcer of Thigh				183222 Varicose Veins of Left Lower Extremity With Both Ulcer of Calf and
183022 Varicose Veins of Left Lower Extremity With Ulcer of Calf				
183023 Varicose Veins of Left Lower Extremity With Ulcer of Ankle				
183024 Varicose Veins of Left Lower Extremity With Ulcer of Heel and Midfoot				
183025 Varicose Veins of Left Lower Extremity With Ulcer Other Part of Foot				
183028 Varicose Veins of Left Lower Extremity With Ulcer Other Part of Lower Leg				
183029 Varicose Veins of Left Lower Extremity With Ulcer of Unspecified Site				
1831 Varicose Veins of Lower Extremity With Inflammation				
18310 Varicose Veins of Unspecified Lower Extremity With Inflammation				
18311 Varicose Veins of Right Lower Extremity With Inflammation				
18312 Varicose Veins of Left Lower Extremity With Inflammation				
1832 Varicose Veins of Lower Extremities With Both Ulcer and Inflammation				

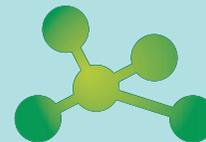
Field title		Importance	Min value	Max value	Values allowed
ICD10 continued ...					
	Inflammation				
I83223	Varicose Veins of Left Lower Extremity With Both Ulcer of Ankle and Inflammation				I83893 Varicose Veins of Bilateral Lower Extremities With Other Complications
I83224	Varicose Veins of Left Lower Extremity With Both Ulcer of Heel and Midfoot and Inflammation				I83899 Varicose Veins of Unspecified Lower Extremity With Other Complications
I83225	Varicose Veins of Left Lower Extremity With Both Ulcer Other Part of Foot and Inflammation				I839 Asymptomatic Varicose Veins of Lower Extremities
I83228	Varicose Veins of Left Lower Extremity With Both Ulcer of Other Part of Lower Extremity and Inflammation				I8390 Asymptomatic Varicose Veins of Unspecified Lower Extremity
I83229	Varicose Veins of Left Lower Extremity With Both Ulcer of Unspecified Site and Inflammation				I8391 Asymptomatic Varicose Veins of Right Lower Extremity
I838	Varicose Veins of Lower Extremities With Other Complications				I8392 Asymptomatic Varicose Veins of Left Lower Extremity
I8381	Varicose Veins of Lower Extremities With Pain				I8393 Asymptomatic Varicose Veins of Bilateral Lower Extremities
I83811	Varicose Veins of Right Lower Extremity With Pain				I871 Compression of Vein
I83812	Varicose Veins of Left Lower Extremity With Pain				I899 Noninfective Disorder of Lymphatic Vessels and Lymph Nodes
I83813	Varicose Veins of Bilateral Lower Extremities With Pain				I972 Postmastectomy Lymphedema Syndrome
I83819	Varicose Veins of Unspecified Lower Extremity With Pain				I9789 Other Postprocedural Complications and Disorders of the Circulatory System
I8389	Varicose Veins of Lower Extremities With Other Complications				M7989 Other Specified Soft Tissue Disorders
I83891	Varicose Veins of Right Lower Extremity With Other Complications				N9489 Other Specified Conditions Associated With Female Genital Organs and Menstrual Cycle
I83892	Varicose Veins of Left Lower Extremity With Other Complications				Q820 Hereditary Lymphedema
					R600 Localized Edema
					R601 Generalized Edema
					R609 Edema



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