



# AVLS MENTEE QUESTIONNAIRE

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Designation: \_\_\_\_\_ Member ID: \_\_\_\_\_

Which of the following topics are you most interested in being mentored:

- |  |  |
|--|--|
| <input type="checkbox"/> Cosmetic Sclerotherapy          | <input type="checkbox"/> Venous Insufficiency Ultrasound   |
| <input type="checkbox"/> Ultrasound Guided Sclerotherapy | <input type="checkbox"/> Pelvic Venous Ultrasound  |
| <input type="checkbox"/> Varithena                       | <input type="checkbox"/> Pelvic Venous Disease   |
| <input type="checkbox"/> Radiofrequency Ablation         | <input type="checkbox"/> IVUS/Stenting   |
| <input type="checkbox"/> Laser Ablation                  | <input type="checkbox"/> Surgical treatment of Lymphedema<br>(lymph node transplant/omental<br>transplant) |
| <input type="checkbox"/> Venaseal                        | <input type="checkbox"/> Surgical treatment of Lipedema<br>(tumescent assisted liposuction)                |
| <input type="checkbox"/> MOCA/Clarivein                  | <input type="checkbox"/> All of the Above  |

Would you be interested in visiting a mentor's clinic for a more personal phlebology practice experience?

- Yes                       No                       Unsure

If you answered yes to the above, how many days would be ideal?

- 1 Day                       2 Days                       3 Days                       1 Week

What time of year would be the best for you to visit?

- First Quarter (Jan-March)  
 Second Quarter (April-June)  
 Third Quarter (July-Sept)  
 Fourth Quarter (Oct-Dec)

Practice Type:

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Private (Solo)  | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Private (Group) | <input type="checkbox"/> Other    |

How long have you been practicing vein therapy?

- 0-5 Years  
 5-10 Years  
 10-20 Years  
 20+ Years