

# Peripheral Artery Disease (PAD) Questionnaire

NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

*Please answer the following questions to help determine if you are at risk for PAD and a vascular examination is needed.*

- |  | YES                   | NO                    |
|--|-----------------------|-----------------------|
| 1. Do you experience leg or foot pain while at rest?   | <input type="radio"/> | <input type="radio"/> |
| 2. Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hip or thigh during walking/exercise? | <input type="radio"/> | <input type="radio"/> |
| 3. If yes to question 2, does the pain go away when you stop walking/exercise?   | <input type="radio"/> | <input type="radio"/> |
| 4. Do your feet get pale, discolored or bluish at any time during the day?   | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have an infection, skin wound or ulcer on your leg or foot that is slow to heal over the past 8-12 weeks?                            | <input type="radio"/> | <input type="radio"/> |
| 6. Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?   | <input type="radio"/> | <input type="radio"/> |
| 7. Do you have high blood pressure or take medication to reduce blood pressure?  | <input type="radio"/> | <input type="radio"/> |
| 8. Do you have diabetes?   | <input type="radio"/> | <input type="radio"/> |
| 9. Do you have a history of chronic kidney disease?  | <input type="radio"/> | <input type="radio"/> |
| 10. Do you currently, or have you ever, smoked?  | <input type="radio"/> | <input type="radio"/> |
| 11. Do you have a history of stroke or mini-stroke (TIA)?  | <input type="radio"/> | <input type="radio"/> |
| 12. Do you have a history of heart disease (heart attack, MI)?   | <input type="radio"/> | <input type="radio"/> |
| 13. Do you have a history of carotid stenosis, AAA (abdominal aortic aneurysm), and/or stent placement?  | <input type="radio"/> | <input type="radio"/> |