

PAD Assessment (Peripheral Artery Disease)

Today's Date: _____

Peripheral Artery Disease is a common circulation problem in which arteries carrying blood to the legs are not functioning well or become narrowed or clogged due to a build up of plaque.

Fill out this questionnaire so your physician can evaluate whether or not you may be at risk of have symptoms of PAD.

Circle YES or NO on the following Questions and check all boxes that apply.

1. Have you ever been diagnosed with Peripheral Artery Disease or been diagnosed as having poor circulation.

YES or NO

2. Have you ever had surgery, balloon procedures or stents in your heart, kidneys, belly, legs or arms?

YES or NO

If yes, dates:

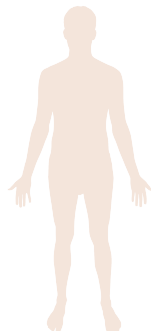
3. When you walk, do you experience aching, cramping, or pain in your legs, this or buttocks?

YES or NO

4. If you answered YES to #3, when do you feel the pain:

- ☐ after walking 1 block
- ☐ climbing a flight of stairs
- ☐ after walking 100 yards
- ☐ walking at increased speed

5. If you answered YES to #3, circle the area(s) of the body of the diagram below where you feel the pain.



6. If you have pain, does the pain subside with rest?

YES / NO

7. Do your feet or toes bother you most nights while lying in bed?

YES / NO

If yes, do you feel relief when you dangle your feet at the edge of the bed?

YES / NO

8. Do you have painful sores or ulcers on your legs or feet that do not heal?

YES / NO

9. Are your legs discolored or bluish?

YES / NO

10. Check all that apply:

- ☐ I am a current smoker
- ☐ I have a history of smoking
- ☐ I have diabetes
- ☐ I have family history of diabetes
- ☐ I have high cholesterol
- ☐ I have family history or high cholesterol
- ☐ I have high blood pressure (HTN)
- ☐ I have family history of high blood pressure
- ☐ I have/had coronary artery disease (CAD) / heart attack
- ☐ I have family history of coronary artery disease (CAD / heart attack
- ☐ I have had a stroke/ mini stroke / TIA
- ☐ I have family history of stroke / mini stroke / TIA