

Peripheral Vascular Disease Screening Questionnaire

| PATIENT INFORMATION | | | |
|---------------------|-----------------|--------------------------|--------------|
| First Name | Last Name | MI | Today's Date |
| Date of Birth | Phone () | Account # (internal use) | |

We want to make you aware of a condition that may affect you. As many as 12 million Americans have Peripheral Arterial Disease (PAD) and many go dangerously unrecognized. It is a condition in which the arteries that carry blood to the muscles of the legs become narrowed due to the buildup of plaque. This is the same disease process that causes blockages in the heart.

Poor circulation may result in the legs when the blood flow becomes sluggish or even blocked. It can result in leg pain or "fatigue" which can limit your physical activity. Having PAD may also increase your risk of heart attack, stroke, and limb amputation if untreated.

Please take a moment to answer the questions below so that we may briefly screen you for PAD. If you have any questions or concerns regarding PAD and your risk, or would just like more information, please do not hesitate to ask.

| | | |
|---|------------------------------|-----------------------------|
| Have you ever had any testing done to your legs for poor circulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| RISK FACTORS | | |
|---|------------------------------|-----------------------------|
| Have you ever been told you have diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have high blood pressure or are you on blood pressure medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have high cholesterol or are you on a medication to lower your cholesterol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you smoke or have you ever smoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been told that you have had a heart attack or stroke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has anyone ever told you that you have poor circulation in your legs, intermittent claudication or peripheral arterial disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had an angioplasty or stent placed in the heart or leg? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| SYMPTOMS OF PAD | | |
|---|------------------------------|-----------------------------|
| Do you have any infections or sores that are not healing on your legs, feet or toes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your walking pace slowed enough to significantly alter your daily activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do your legs ever feel tired or heavy causing you to stop and rest? Do they get better with rest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When you walk, do you ever have to stop because you have pain or cramping in your calves, thighs, or buttocks? Does the pain go away with rest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you ever experience cramping, tightness, "Charlie horses" or pain in the legs or feet when lying down that improves when you stand up? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you given up things you once enjoyed to do over the last year due to leg fatigue, weakness, or discomfort? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had trauma to either of your legs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |