

Peripheral Arterial Disease Questionnaire

Your Name: _____ Today's Date: _____

Date of Birth: ____/____/____

Peripheral Arterial Disease (PAD) is a common circulation problem in which the blood vessels, which carry blood to the legs and/or arms become narrowed or clogged. Please fill out this questionnaire to help us identify if you have symptoms of PAD.

Please circle **Yes** or **No** to the following questions:

1. Do you experience aching, cramping, or pain in your arms, legs, thighs, or buttocks when you walk or exercise? Yes No
2. If you answered yes to question 1, please indicate by circling where you feel pain:
Right Arm Left Arm Right Leg Left Leg
3. If you answered yes to question 1, does the pain go away with rest? Yes No
4. Are your fingers or toes pale, discolored, or bluish..... Yes No
5. Do you have any open sores, ulcers, or wounds on your legs or feet that won't heal? Yes No
6. Have you had any previous surgeries and/or angioplasty on the arteries in your arms, legs, kidneys, or brain? Yes No
7. If yes to question 6, please describe the procedure and when and where it was performed:
