MESSNER
VASCULAR INSTITUTE

## PERIPHERAL ARTERIAL DISEASE (PAD) QUESTIONNAIRE

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| TODAY'S DATE DAY: | MONTH: | YEAR: |
| PTS. FIRST NAME: | MIDDLE: | LAST NAME: |
| AGE (YRS) | GENDER: | |

Answers to the following questions will help determine if you are at risk for pad and if
A vascular examination can help better assess your vascular health stat

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| 1. | Do you experience any pain in your legs or feet while at rest? | ☐ Yes ☐ No |
| 2. | Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hip or thigh during walking/exercise? | ☐ Yes ☐ No |
| 3. | If Yes to Question 2, does the pain go away when you stop walking/exercising? | ☐ Yes ☐ No |
| 4. | Do your feet get pale, discolored or bluish at any time? 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? day? | ☐ Yes ☐ No |
| 5. | Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication? | ☐ Yes ☐ No |
| 6. | Do you have high blood pressure or take medication to reduce blood pressure? | ☐ Yes ☐ No |
| 7. | Do you have diabetes? | ☐ Yes ☐ No |
| 8. | Do you have a history of chronic kidney disease? | ☐ Yes ☐ No |
| 9. | Do you currently or have you ever smoked? | ☐ Yes ☐ No |
| 10. | Do you have a history of stroke or mini-stroke (TIA)? | ☐ Yes ☐ No |
| 11. | Do you have a history of heart disease (heart attack, MI) | ☐ Yes ☐ No |
| 12. | Do you have a history of carotid stenosis, AAA (abdominal aortic aneurysm), and/or stent placement? | ☐ Yes ☐ No |