

PERIPHERAL ARTERY DISEASE (PAD) QUESTIONNAIRE

1. Do you have any of the following: diabetes, high blood pressure, high cholesterol, or heart disease?
 YES NO
2. Do you currently or have you ever smoked or used tobacco products?
 YES NO
3. Do you have chest pain or dizziness or shortness of breath when you walk or exercise?
 YES NO
4. Have you ever had a heart attack or heart failure? YES NO
5. Have you had stents placed in your heart or legs? YES NO
6. Have you had bypass surgery in your heart or legs? YES NO
7. Have you ever had a narrowing or blockage in your neck artery/carotid artery? YES NO
8. Have you ever had a TIA or stroke? YES NO
9. Do you have kidney disease? YES NO
10. Are you on dialysis? YES NO
11. Have you ever had an abdominal aortic aneurysm? YES NO
12. Do you experience aching, cramping, or pain in your thighs, calves, or legs when you walk?
 YES NO
13. Do you have burning, numbness, tingling, and/or pain in the feet or toes when sleeping?
 YES NO
14. Do you have or have you noticed bluish or other skin discoloration in the legs, feet, or toes?
 YES NO
15. Are your lower legs or feet/toes cold to the touch? YES NO
16. Do you have any cuts, sores, ulcer/wounds in the legs, feet, or toes? YES NO
17. Have you had a prior amputation of the leg, foot, or toe? YES NO