## PAD Patient Intake Questions

Answers to the following questions will help determine if you are at risk for Peripheral Arterial Disease (PAD) and if a vascular examination can help better assess your vascular health status.

1	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	Yes
		in your feet, calves, buttocks, hip or thigh during walking/exercise?	No
-	3	If yes to Question 2, does the pain go away when you stop walking/	Yes
		exercising?	No
	4	Do your feet get pale, discolored or bluish at any time during the day?	Yes
			No
	5	Do you have an infection, skin wound or ulcer on your leg or foot that is	Yes
		slow to heal over the past 8-12 weeks?	No
	6	Are you over the age of 65	Yes
	ס	Are you over the age of 05	No
	4	A second FO	Yes
	7	Are you over the age of 50	No
			Yes
	8	Do you have high cholesterol or other blood lipid (fat) problems or	
		require cholesterol medication?	No
	9	Do you have high blood pressure or take medication to reduce blood	Yes
		pressure?	No
	10	Do you have diabetes?	Yes
			No
	11	Do you have a history of chronic kidney disease?	Yes
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	12	Do you currently or have you ever smoked?	Yes
	45	bo you duri citary or have you even amenda.	No
	13	Do you have a history of stroke or mini-stroke (TIA)?	Yes
	13	bu you have a matory of scioke of mini scioke (1.1.9).	No
	1.4	De very have a history of heart disease (heart attack MI)?	Yes
	14	Do you have a history of heart disease (heart attack, MI)?	No
		A A / - b - l	Yes
	15	Do you have a history of carotid stenosis, AA (abdominal aortic	
		aneurysm), and/ or stent placement?	No