## **PAD Patient Intake Questionnaire**

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.

Do you experience any pain in your legs or feet while at rest?  Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hip or thigh during walking/exercise?  If yes to Question 2, does the pain go away when you stop walking/exercising?  Do your feet get pale, discolored or bluish at any time during the day?  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?  Are you over the age of 65  Pes Are you over the age of 50  Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?  Do you have high blood pressure or take medication to reduce blood yes pressure?  Do you have diabetes?  Yes No  Do you have a history of chronic kidney disease?  Yes No  Do you have a history of stroke or mini-stroke (TIA)?  Yes No  Do you have a history of carotid stenosis, AA (abdominal aortic yes aneurysm), and/ or stent placement?			
Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hip or thigh during walking/exercise?  If yes to Question 2, does the pain go away when you stop walking/exercising?  Do your feet get pale, discolored or bluish at any time during the day?  Po you have an infection, skin wound or ulcer on your leg or foot that is slow to heal over the past 8-12 weeks?  Are you over the age of 65  Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?  Do you have high blood pressure or take medication to reduce blood pressure?  Do you have diabetes?  Yes No  Do you have a history of chronic kidney disease?  Yes No  Do you have a history of stroke or mini-stroke (TIA)?  Yes No  Do you have a history of heart disease (heart attack, MI)?  Yes No  Do you have a history of carotid stenosis, AA (abdominal aortic)	1	Do you experience any pain in your legs or feet while at rest?	Yes
in your feet, calves, buttocks, hip or thigh during walking/exercise?  No If yes to Question 2, does the pain go away when you stop walking/exercising?  Do your feet get pale, discolored or bluish at any time during the day? Yes No 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 Are you over the age of 65 Yes No  Are you over the age of 50 Yes No Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication? No Do you have high blood pressure or take medication to reduce blood yes pressure? No Do you have diabetes? Yes No Do you have a history of chronic kidney disease? Yes No Do you have a history of stroke or mini-stroke (TIA)? Yes No Do you have a history of heart disease (heart attack, MI)? Yes No Do you have a history of carotid stenosis, AA (abdominal aortic			No
If yes to Question 2, does the pain go away when you stop walking/exercising?  Do your feet get pale, discolored or bluish at any time during the day?  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?  Are you over the age of 65  Pes No  Are you over the age of 50  Pes No  Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?  Do you have high blood pressure or take medication to reduce blood yes pressure?  No  Do you have diabetes?  Yes No  Do you have a history of chronic kidney disease?  Yes No  Do you have a history of stroke or mini-stroke (TIA)?  Yes No  Do you have a history of carotid stenosis, AA (abdominal aortic	2	Do you have uncomfortable aching, fatigue, tingling, cramping or pain	Yes
exercising?  Do your feet get pale, discolored or bluish at any time during the day?  Yes No  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?  Are you over the age of 65  Are you over the age of 50  Yes No  Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?  Do you have high blood pressure or take medication to reduce blood yes pressure?  No  Do you have diabetes?  Yes No  Do you have a history of chronic kidney disease?  Yes No  Do you currently or have you ever smoked?  Yes No  Do you have a history of stroke or mini-stroke (TIA)?  Yes No  Do you have a history of carotid stenosis, AA (abdominal aortic		in your feet, calves, buttocks, hip or thigh during walking/exercise?	No
4 Do your feet get pale, discolored or bluish at any time during the day?  No  5 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?  Are you over the age of 65  7 Are you over the age of 50  8 Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?  9 Do you have high blood pressure or take medication to reduce blood pressure?  10 Do you have diabetes?  10 Do you have a history of chronic kidney disease?  Yes No  11 Do you have a history of stroke or mini-stroke (TIA)?  Yes No  14 Do you have a history of carotid stenosis, AA (abdominal aortic  Yes No  Tyes No  Yes No  15 Do you have a history of carotid stenosis, AA (abdominal aortic	3	If yes to Question 2, does the pain go away when you stop walking/	Yes
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Are you over the age of 50  7 Are you over the age of 50  8 Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?  9 Do you have high blood pressure or take medication to reduce blood pressure?  10 Do you have diabetes?  11 Do you have a history of chronic kidney disease?  12 Do you currently or have you ever smoked?  13 Do you have a history of stroke or mini-stroke (TIA)?  14 Do you have a history of heart disease (heart attack, MI)?  Yes No  15 Do you have a history of carotid stenosis, AA (abdominal aortic  Yes		slow to heal over the past 8-12 weeks?	No
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pressure?  10 Do you have diabetes?  11 Do you have a history of chronic kidney disease?  12 Do you currently or have you ever smoked?  13 Do you have a history of stroke or mini-stroke (TIA)?  14 Do you have a history of heart disease (heart attack, MI)?  15 Do you have a history of carotid stenosis, AA (abdominal aortic  Yes		require cholesterol medication?	No
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11 Do you have a history of chronic kidney disease?  12 Do you currently or have you ever smoked?  13 Do you have a history of stroke or mini-stroke (TIA)?  14 Do you have a history of heart disease (heart attack, MI)?  15 Do you have a history of carotid stenosis, AA (abdominal aortic  Yes		pressure?	No
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15 Do you have a history of carotid stenosis, AA (abdominal aortic Yes	14	Do you have a history of heart disease (heart attack, MI)?	Yes
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aneurysm), and/ or stent placement?	15	Do you have a history of carotid stenosis, AA (abdominal aortic	Yes
		aneurysm), and/ or stent placement?	No