

PERIPHERAL ARTERY DISEASE QUESTIONNAIRE



If you think you may have peripheral artery disease, use this checklist to help identify symptoms. You can either fill it out before your appointment or bring the blank form to complete together with your Primary Care provider.

LOWER EXTREMITY

Does your leg hurt when you walk?

YES NO

Is it worse with fast walking or going up an incline?

YES NO

Does it force you to stop and rest?

YES NO

Does it get better with rest?

YES NO

Does it affect one or both legs?

R L BOTH

Is one foot cooler than the other?

YES NO

Is one foot more numb or sensitive than the other?

YES NO

Is one foot more pale than the other?

YES NO

Does one leg have less hair growth than the other?

YES NO

Does it only affect the calf or the entire leg?

CALF ENTIRE LEG

Do you have any of the following: smoking, high blood pressure, high cholesterol, diabetes or heart disease?

YES NO

UPPER EXTREMITY

Does your arm cramp or get tired with increased activity?

YES NO

Do you experience numbness or tingling in the affected arm?

YES NO

Does it get better with rest?

YES NO

Which arm does it affect? -Right -Left

R L

Do you frequently feel dizzy?

YES NO

Is your blood pressure much lower in one arm compared to the other?

YES NO

Do you have a wound in your fingers that is taking longer than usual to heal?

YES NO



If you answered "yes" to two or more questions, you may be a good candidate for a peripheral artery disease consult. Schedule an appointment to review your answers with a Primary Care provider today! Call (800) 737-7900