

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	
	<input type="checkbox"/>	<input type="checkbox"/>	
Is it worse with fast walking or going up an incline?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Does it force you to stop and rest?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Does it get better with rest?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Does it affect one or both legs?	R	L	BOTH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is one foot cooler than the other?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Is one foot more numb or sensitive than the other?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Is one foot more pale than the other?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Does one leg have less hair growth than the other?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Does it only affect the calf or the entire leg?	CALF	ENTIRE LEG	
	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any of the following: smoking, high blood pressure, high cholesterol, diabetes or heart disease?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	

UPPER EXTREMITY

Does your arm cramp or get tired with increased activity?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience numbness or tingling in the affected arm?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Does it get better with rest?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Which arm does it affect? -Right -Left	R	L
	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently feel dizzy?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Is your blood pressure much lower in one arm compared to the other?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a wound in your fingers that is taking longer than usual to heal?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>



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