Peripheral Arterial Disease Questionnaire

Please fill out the questions below to help find out if you have peripheral arterial disease.

__________________________
Name

__________________________
Date of Birth

1. Do you get a pain or discomfort in your leg(s) when you walk?
   a. Yes
   b. No
   c. I am unable to walk

2. Does this pain ever begin when you are standing still or sitting?
   a. No
   b. Yes

3. Do you get it if you walk uphill or hurry?
   a. Yes
   b. No

4. Do you get it when you walk at an ordinary pace on the level?
   a. Yes
   b. No

5. What happens to the pain if you stand still?
   a. Usually disappears in 10 minutes or less
   b. Usually continues more than 10 minutes

6. Where do you get this pain or discomfort? Mark the place(s) with an “X” on the diagram:

   Front
   Back

7. Are you fingers or toes pale, discolored, or bluish?
   a. Yes
   b. No

8. Do you have any open sores, ulcers, or wounds on your legs or feet that won’t heal?
   a. Yes
   b. No

If you answered “a” to any of the questions above you may have Peripheral Arterial Disease. Please give this form to your doctor and discuss options for evaluation and treatment.

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