Today's Date: _____

PAD ASSESSMENT
(Peripheral Artery Disease)

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First Name Last Name D.O.B.

Peripheral Artery Disease (PAD) is a common circulation problem, in which arteries carrying blood to the legs are not functioning well or become narrowed or clogged due to plaque build-up. Please fill out this questionnaire so your physician can evaluate whether you may be at risk or have symptoms of PAD.
Please circle YES or NO on the following questions and check all boxes that apply:

1. Have you ever been diagnosed with Peripheral Vascular Disease as having poor Circulation?
   YES NO

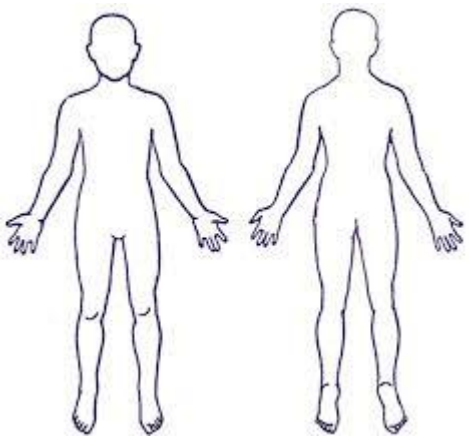
2. Have you ever had surgery, balloon procedures, or stents in your heart, kidneys, belly, legs, or arms?
   YES ☐ NO ☐

3. When you walk, do you experience aching, cramping, or pain in your legs, thighs, or buttocks?
   YES ☐ NO ☐

4. If you answered YES to #3, when do you feel the pain? Check all that apply:

   ☐ After walking 1 block.
   ☐ After walking 100 yards.
   ☐ Climbing a flight of stairs.
   ☐ Climbing a flight of stairs.

5. If you answered YES to #3, circle the area(s) of on the diagram below where you feel pain:



6. If you have pain, does the pain subside with rest?
   YES NO

7. Have you ever been diagnosed with Peripheral Vascular Disease as having poor Circulation?
   YES ☐ NO ☐
   Is discomfort relieved when they are dangled over the edge of the bed?
   YES ☐ NO ☐

8. Do you have any painful sores or ulcers on legs or feet that do not heal?
   YES ☐ NO ☐

9. Are your legs discolored or bluish?
   YES ☐ NO ☐

10. Check all that apply:

☐ I am a current smoker
☐ I have a history of smoking
☐ I have diabetes
☐ I have a family history of diabetes
☐ I have high cholesterol
☐ I have family history of high cholesterol
☐ I have high blood pressure/hypertension
☐ I have family history of high blood pressure/hypertension
☐ I have had coronary artery disease (CAD)/heart attack
☐ I have family history of (CAD)/heart attack
☐ I have had a stroke/TIA
☐ I have family history of stroke/mini stroke/TIA