

AMERICAN HEART ASSOCIATION PAD SURVEY

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?	Yes No
Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hip or thigh during walking/exercise?	Yes No
If yes to Question 2, does the pain go away when you stop walking/ exercising?	Yes No
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 slow to heal over the past 8-12 weeks?	Yes No
Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication?	Yes No
Do you have high blood pressure or take medication to reduce blood pressure?	Yes 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 heart disease (heart attack, MI)?	Yes No
Do you have a history of carotid stenosis, AA (abdominal aortic aneurysm), and/ or stent placement?	Yes No