

Do I Need a Test for PAD?

Peripheral Arterial Disease (PAD) is a serious circulatory problem in which the blood vessels that carry blood to your arms, legs, brain, or kidney, become narrow or clogged. It affects over 8 million Americans, most over the age of 50. It may result in leg discomfort with walking, poor healing of leg sores/ulcers, difficult to control blood pressure, or symptoms of stroke. People with PAD are at significantly increased risk for stroke and heart attack. Answers to these questions will determine if you are at risk for PAD and if a vascular exam will help us better assess your vascular health status.

Name: _____ Date: _____

Circle "Yes" or "No":

Check for PAD

- | | | | | |
|-----|---|-----|----|--------------------------|
| 1. | Do you experience discomfort while walking? | Yes | No | <input type="checkbox"/> |
| 2. | Are you able to walk 5 blocks without stopping? | Yes | No | <input type="checkbox"/> |
| 3. | Do you find yourself sitting up to dangle your legs off the edge of the couch or bed to relieve discomfort you may be experiencing at rest? | Yes | No | <input type="checkbox"/> |
| 4. | Do you experience foot or toe pain that often disturbs your sleep? | Yes | No | <input type="checkbox"/> |
| 5. | Are your toes or feet pale, discolored, or bluish? | Yes | No | <input type="checkbox"/> |
| 6. | Do you have skin wounds or ulcers on your feet or toes? | Yes | No | <input type="checkbox"/> |
| 7. | Has your doctor ever told you that you have diminished or absent pedal (foot) pulses? | Yes | No | <input type="checkbox"/> |
| 8. | Have you ever had vascular surgery on your leg(s)? | Yes | No | <input type="checkbox"/> |
| 9. | Do you have an infection of the leg(s) or feet that may be gangrenous (black skin tissue)? | Yes | No | <input type="checkbox"/> |
| 10. | Do you have thin, shiny skin below the knee? | Yes | No | <input type="checkbox"/> |
| 11. | Have you experienced hair loss below the knee over time? | Yes | No | <input type="checkbox"/> |
| 12. | Are your feet always cold? Or have you noticed that one foot may seem to always feel colder than the other? | Yes | No | <input type="checkbox"/> |

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____