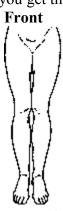


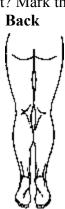
Peripheral Arterial Disease Questionnaire

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:





- 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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