

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 your 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.**