



Patient Questionnaire

Are you at risk for Peripheral Vascular Disease?

Name: _____ Date: _____

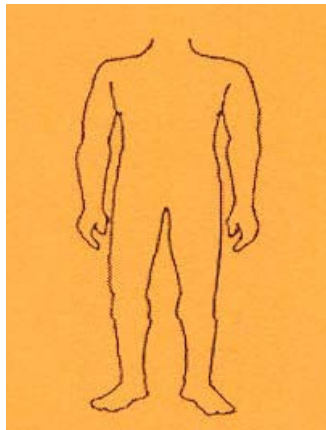
Date of birth: _____

Peripheral Vascular Disease (PVD) is a common circulation problem in which the blood vessels that carry blood to the legs or arms become narrowed or clogged. Please fill out this questionnaire to see if you have symptoms of Peripheral Vascular Disease.

Circle Yes or No to the following questions:

1. When you walk or exercise, do you experience aching, cramping, or pain in your arms, legs, thighs or buttocks? **Yes** **No**
2. If you answered yes, does the pain subside with rest? **Yes** **No**

If applicable, circle the area of the body on the diagram below where you feel pain:



3. Do you have any painful sores or ulcers on your legs or feet that aren't healing? **Yes** **No**
4. Do you have (circle all that apply):

Diabetes

High Cholesterol

History of Smoking

High Blood Pressure