

# Family Health Center of Mission

1920 E. Griffin Parkway

Mission, Texas 78572

956-584-3353

## Peripheral Arterial Disease Questionnaire (PAD)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female

Today's Date: \_\_\_\_\_

**Answers to the following questions will help determine if you are at risk for PAD and if a vascular examination can help better assess your vascular health status.**

1. Do you have a skin wound, infection, or ulcer on your leg, ankle, or foot that has not healed in 8 or more weeks? Yes No
2. Do you have pain in your legs or feet while at rest? Yes No
3. Do you have pain in your legs or feet that is worsened by activity or exercise, and relieved by rest (i.e. claudication)? Yes No
4. Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hips or thighs while walking or exercising? Yes No
5. Are you over the age of 50 with Diabetes and/or a history of smoking? Yes No