

## Peripheral Vascular Disease

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Yes: No:

- Do you currently smoke? If yes, how much? \_\_\_\_\_
- Are you a former smoker?
- Have you been diagnosed with hypertension (high blood pressure)?
- Do you have diabetes (high blood sugar)?
- Do you have hyperlipidemia (high cholesterol)?
- Have you ever had angioplasty (procedure used to open narrow or blocked coronary (heart) arteries)?
- Have you had vascular surgery?
- Do you have a history of coronary artery disease (CAD), PAD (peripheral artery disease), or vascular disease? (If so, circle which one)
- Are you sedentary (do little or no activity)?
- Do you get pain or discomfort in your leg(s) when you walk?  
If yes, please answer the following questions:
  - Yes: No:
  - Does the pain ever begin when you are standing still or sitting?
  - Do you have pain if you walk uphill or hurry?
  - Do you have pain when you walk at an ordinary pace on the level?
  - If you stand still does the pain continue more than 10 minutes?
- Have you had a previous Ankle Brachial Index (ABI)?