

Peripheral Artery Disease Screening Questionnaire

We want to make you aware of a condition that may affect you. Peripheral Arterial Disease (PAD) affects as many as 12 million Americans, with a significant number going undetected, posing potential risks.

PAD involves the narrowing of arteries that supply blood to the leg muscles due to plaque buildup. This process mirrors the one causing blockages in the heart.

Impaired blood circulation in the legs can lead to discomfort, pain, or fatigue, which in turn can limit physical activity. It's essential to note that untreated PAD may elevate the risk of heart attack, stroke, and even limb amputation.

Please take a moment to respond to this brief PAD screening. If you have any inquiries or concerns about PAD and your risk, please don't hesitate to ask.



Should YOU be tested?

Do any of these apply to you? Check the appropriate box.

PAD SYMPTOMS:

- Leg muscle tiredness, heaviness, or cramping
- Pain and/or heaviness in legs while walking
- Toes or feet that look pale, discolored or blue
- Leg or foot pain that disturbs sleep
- Sores or wounds on toes, feet, or legs that heal slowly or not at all
- One leg or foot that feels colder than the other
- Thick or yellow toenails that aren't growing

HIGH-RISK FACTORS:

- Diabetics over age 50 - Annual test for PAD recommended
- Individuals who've had diabetes for ≥ 10 years.
- Over age 65
- Over 50 with ANY of the following:
 - History of smoking
 - High cholesterol
 - High blood pressure
- Personal or family history of heart attack or stroke

Scan for more info on PAD



YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you checked yes to any of these, you should be tested.*

Thank you for taking the time to complete this questionnaire. Your responses will help us evaluate your risk for Peripheral Artery Disease (PAD) and guide us in providing appropriate recommendations for your health. Please return this questionnaire to a healthcare professional or nurse upon completion.

* Based on recent guidelines of the American Heart Association, the American Diabetes Association, and many other healthcare groups.