

Peripheral Arterial Disease (PAD) Questionnaire

Name: ______ DOB: _____ Medical Record #: _____

of the or "fat	legs become nar	rowed and limit your	hardened due	which the arteries t to the build up of p . PAD can also incre	aque. It can resu	lt in leg pain	
you ha		or concer	ns regarding PA	elow so that we may AD and your risk or v	•		
1)	Do you have any Yes	discomfor No	t in the muscles	of your legs when yo	ou walk that is relie	eved by rest?	
2)	Do your legs eve	r feel fatig	ued or heavy wh	en walking or active?	Yes	No	
3) Do you ever need to stop and rest when walking or have difficulty keeping up with others? Yes No							
4)	Do your feet and	toes both	er you at night?	Yes No	,		
5)	Would you have difficulty doing any of the following because of leg fatigue, weakness, or discomfort? Yes No						
Select the appropriate answer:							
			Difficulty	Some Difficu	lty Uı	nable	
Walking one block?			1	2	3		
Climbing one flight of stairs?			1	2	3		
Walking at an increased pace?			1	2	3		
x							
Patient/Guardian Signature					Date	Date	