

# Do I need a Test for PAD

## Vascular Screening Questionnaire

DON'T GET COLD FEET!

Peripheral Arterial Disease, known as 'P.A.D.' is a common circulatory problem in which the blood vessels which carry blood to the legs and feet become narrow or clogged. People with P.A.D. are **FOUR TIMES** more likely to die from a heart attack and two times more likely to suffer a stroke.

### Are you at risk for Peripheral Vascular Disease?

Please fill out the questionnaire to see if you could be at risk for P.A.D. A "YES" to any of these questions may qualify you for a very safe, painless, noninvasive test that checks the blood flow in your legs and feet. Talk to our health care professionals to schedule your screening today!

Name: <input type="text"/>	Date: <input type="text"/>	Age: <input type="text"/>	YES	NO
Do you or have you ever smoked? .....			<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure or are you on blood pressure medication? .....			<input type="checkbox"/>	<input type="checkbox"/>
Do you have high cholesterol or are you on medication to lower your cholesterol?.....			<input type="checkbox"/>	<input type="checkbox"/>
Do your legs ever feel tired causing you to stop and rest? .....			<input type="checkbox"/>	<input type="checkbox"/>
Do you or have you ever smoked? .....			<input type="checkbox"/>	<input type="checkbox"/>
Do you experience cramping, tightness, spasms or pain in the legs or feet when lying down?..			<input type="checkbox"/>	<input type="checkbox"/>
Do you have any infections, sores, or open wounds that are not healing on your legs or feet?..			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered a heart attack or stroke?.....			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an angioplasty or stint placed in the heart or leg?.....			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have borderline Diabetes or ever been treated for Diabetes?.....			<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed your walking pace has slowed?.....			<input type="checkbox"/>	<input type="checkbox"/>
Is the skin on your legs or feet pale, reddish, or purple?.....			<input type="checkbox"/>	<input type="checkbox"/>
Has anyone ever told you that you have poor circulation in your legs, intermittent claudicating or peripheral vascular disease?.....			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any testing done to your legs for any disorder?.....			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any surgery between your waist and feet?.....			<input type="checkbox"/>	<input type="checkbox"/>
Are you considered obese?.....			<input type="checkbox"/>	<input type="checkbox"/>
Do you exercise less than three times per week?.....			<input type="checkbox"/>	<input type="checkbox"/>
Do you consume any excessive amount of alcohol?.....			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have diminished, weakened, or absent pulses in your feet?.....			<input type="checkbox"/>	<input type="checkbox"/>

