



SOUTHERN CALIFORNIA HEART SPECIALISTS

"Comprehensive care for the heart...from the heart"

PATIENT QUESTIONNAIRE

Are you at risk for Peripheral Artery Disease?

Name: _____

Date: _____

Date of Birth: _____

Cardiologist/Surgeon: _____

Peripheral artery disease (PAD) is a common circulation problem in which the blood vessels, which carry blood to the legs or arms, become narrow or clogged. Please fill out the questionnaire to see if you have symptoms of Peripheral Artery Disease. Circle "Yes" or "No" to the following questions:

- | | | |
|---|-----|----|
| 1. When you walk to exercise, do you experience aching, cramping or pain in your arms, legs, thighs, or buttocks? | Yes | No |
| 2. If you answered yes, does the pain subside with rest? | Yes | No |

Please indicate the area(s) of the body where you feel pain:

- Neck
- Back
- Abdomen
- Chest
- Arm(s) L or R
- Leg(s) L or R
- Hands
- Feet



- | | | |
|---|-----|----|
| 3. Do you have any painful sores or ulcers on your legs or feet that aren't healing? | Yes | No |
| 4. Do you have Diabetes? | Yes | No |
| 5. Have you experienced TEMPORARY: | | |
| Loss of vision in one eye? | Yes | No |
| Slurred speech? | Yes | No |
| Weakness or numbness of an arm or leg on one side of your body? | Yes | No |
| 6. Have you had surgery, balloon procedures or stents to any blood vessels other than your heart? | Yes | No |
| 7. Have you had blockages in your coronary arteries? | Yes | No |
| 8. Do you have (circle all that apply): | | |

High Cholesterol

History of Smoking

High Blood Pressure

If you have answered yes to any of the above you may be at risk for PAD.

55 E California Bl, 3rd Floor, Pasadena CA 91105 626.793.1227 Fax 626.793.3794
 301 W Huntington Dr, Suite 500, Arcadia CA 91007 626.294.4888 Fax 626.294.4880