**PERIPHERAL VASCULAR DISEASE (PVD) SCREENING**
**Tri-City Cardiology**

Patient Name:_____ Date: _____ Date of Birth: _____

Peripheral Vascular Disease (PVD) is a common circulatory problem in which vessels carrying blood to the legs are not functioning well or become narrowed or clogged due to a build-up of plaque.

Fill out this questionnaire so your physician can evaluate whether you may be at risk or have symptoms of PVD.

**Please circle "Yes" or "No" on the following questions and check all boxes that apply:**

1. Have you ever been diagnosed with Peripheral Vascular Disease or been diagnosed as having poor circulation? Yes No

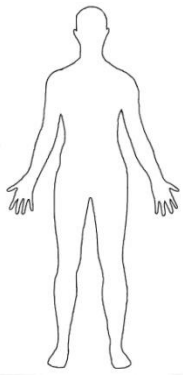
2. Have you ever had surgery, balloon procedures, or stents in your heart, kidneys, belly, legs, or arms? Yes No
   If yes, dates: _____

3. When you walk, do you experience aching, Cramping, or pain in your arms, legs, thighs, or buttocks? Yes No

4. If you answered Yes to #3, when do you feel the pain:

   - ☐ After walking 1 block
   - ☐ Climbing a flight of stairs
   - ☐ After walking 100 yards
   - ☐ Walking at increased speed

5. If you answered Yes to #3, circle the area(s) of the body on the diagram below where you feel pain.



6. If you have pain, does the pain subside with rest? Yes No

7. Do your feet or toes bother you most nights while lying in bed, with relief when they are dangled at the edge of the bed? Yes No

8. Do you have any painful sores or ulcers on legs or feet that do not heal? Yes No

9. Are your legs or arms pale, discolored, or bluish? Yes No

10. Check all that apply:

    - ☐ I am a current smoker
    - ☐ I have a history of smoking
    - ☐ I have diabetes
    - ☐ I have a family history of diabetes
    - ☐ I have high cholesterol
    - ☐ I have a family history of high cholesterol
    - ☐ I have high blood pressure/hypertension
    - ☐ I have a family history of high blood pressure/hypertension
    - ☐ I have coronary artery disease (CAD)
    - ☐ I have a family history of coronary artery disease
    - ☐ I have had a stroke/mini-stroke/TIA
    - ☐ I have a family history of stroke/mini-stroke/TIA