

# Peripheral Vascular Questionnaire

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

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

1. Do you experience aching, cramping or pain in your arms, legs, thighs or buttocks when you walk or exercise?..... Yes No
2. If you answered yes to question number 1, does the pain subside with rest?..... Yes No
- 3.
4. Do you have numbness and tingling in the arms or lower legs and feet?..... Yes No
5. Are your fingers or toes pale, discolored, or bluish?..... Yes No
6. Are your hands or feet cold to the touch?..... Yes No
7. Do you have any painful sores or ulcers on legs or feet that don't heal?..... Yes No
8. Do you know or have you ever smoked cigarettes?..... Yes No
9. Do you have emphysema?..... Yes No
10. Do you have High blood pressure?..... Yes No
11. Have you had any problems with your kidneys?..... Yes No  
If yes, please describe: \_\_\_\_\_
12. Do you have High cholesterol?..... Yes No
13. Do you have diabetes?..... Yes No
14. Do you exercise on a regular basis?..... Yes No  
If not, what keeps you from exercising? \_\_\_\_\_
15. Are you more than 25 pounds overweight?..... Yes No
16. Do you have a family history of diabetes or cardiovascular problems  
(immediate family such as parent, sister, brother)?..... Yes No
17. Have you ever experienced a stroke, mini-stroke or percutaneous interventions on your peripheral circulation?..... Yes No  
If yes, what surgery or intervention was performed? \_\_\_\_\_  
When was that procedure performed? \_\_\_\_\_