



# Ohio Heart & Vascular Consultants

## Comprehensive PAD Screening Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Symptom Review

	Yes	No	Notes
1. Do you get any discomfort, aching, fatigue, or heaviness in your leg(s) when you walk that is relieved with rest?			Symptoms? Location? Distance?
2. Does the discomfort or fatigue disappear within 10 minutes if you stand still or rest?			
3. Does the discomfort ever begin when you are standing still or sitting?			
4. Do you ever need to stop and rest when you are walking or need assistance when walking?			Why?
5. Do you have difficulty keeping up with others?			Use of any assistance devices?
6. Are you bothered by burning in your feet or toes when lying in bed most nights?			Relief measures?
7. Do you have numbness in your feet?			
8. Do you have a history of ulcers or slow healing wounds on your legs, feet, or toes?			

### Functional Status

	Yes	No	Notes
1. How much walking or exercise do you do on a typical day?			
2. Would you have any difficulty walking one block, climbing a flight of stairs, or walking at increased speeds?			
3. Have you "slowed down" or feel less active than a year ago?			

### Risk Factor Assessment

Tobacco use or smoking history  
 Duration/amount \_\_\_\_\_  
 Diabetes  
 Coronary artery disease/MI  
 Dyslipidemia                       Metabolic Syndrome  
 Hypertension  
 Previous stroke/TIA/CEA or carotid stenosis  
 Previous PVD history \_\_\_\_\_  
 CRF/ESRD  
 Age > 50  
 Obesity  
  
 Abnormal screening

### Physical Exam

	Yes	No
Skin cool to touch?		
Absence of hair or uneven distribution?		
Presence of dry, atrophic skin?		
Presence of skin discoloration?		
Dystrophic, brittle nails?		
Muscle weakness or atrophy?		
Wounds or ulcers present?		
Rubor with dependency?		
Pallor with 45° elevation for 30 seconds and sluggish capillary refill?		
DP and/or PT pulses absent?		
Bruits on examination?		

### Testing:

ABI                                       Angio                                       Venous Doppler                                       Abd Ao Duplex  
 Exercise ABI                                       Arterial Doppler                                       Carotid Duplex                                       Other

Screeener: \_\_\_\_\_

Signature: \_\_\_\_\_

**Charles J. Gbur Jr., MD, FACC, FSCAI, DMO**