



## Peripheral Artery Disease Self-Assessment Questionnaire

Please answer the following questions to see if you should be screened for Peripheral Artery Disease (PAD):

1. Do you have a history of cardiovascular (heart) problems, such as heart attack, stroke or high blood pressure?	Yes	No
2. Do you have diabetes?	Yes	No
3. Does anyone in your immediate family (parent, brother or sister) have a history of cardiovascular problems or diabetes?	Yes	No
4. Do you have aching, pain or cramping in your legs that occurs when you walk, but goes away with rest?	Yes	No
5. Do you have pain in your legs or toes at night?	Yes	No
6. Do you have any ulcers or sores on your legs or feet that are slow in healing?	Yes	No
7. Do you have an inactive lifestyle?	Yes	No
8. Do you smoke now or have you ever smoked in the past?	Yes	No
9. Are you more than 25 pounds overweight?	Yes	No
10. Do you eat fried or fatty foods more than 3 times a week?	Yes	No

If you answered "Yes" to one or more of the above questions, you should be screened for PAD.

**Call Cardiology Associates of Virginia to schedule your screening appointment today at (540) 342-7941 or 1-866-HRTLIN (478-5463)**