

Are you at risk
for peripheral artery disease?

Dear Patient,

We want to make you aware of a condition that may affect you. As many as 12 million Americans have peripheral artery disease (PAD) which often goes dangerously unrecognized. PAD is a condition in which the arteries that carry blood to the muscles of the legs and arms become narrowed due to build up of cholesterol plaque. This is the same disease process that causes blockages in the heart.

When the plaque builds up, poor circulation may occur in the legs as the blood flow becomes sluggish or even blocked. This can result in leg pain or fatigue, which can limit your physical activity. Having PAD may also increase your risk of a heart attack or stroke if left untreated.

To reach one of our offices

1.866.293.6795

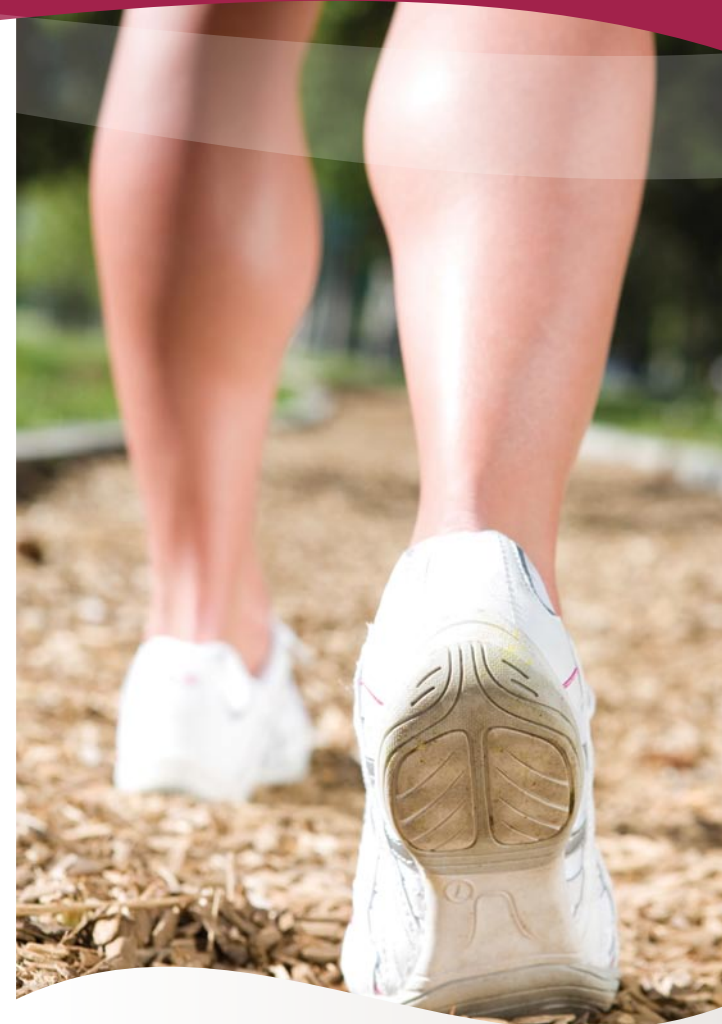
www.ohioheartandvascular.com

 **The Ohio Heart
& Vascular Center**

An Affiliate of The Christ Hospital

Corporate Office

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Are you at risk for peripheral artery disease?

Please take a moment to answer the questions here so that we may briefly screen you for PAD. If you have any questions or concerns regarding PAD and your risk or would just like more information, please don't hesitate to ask.

Questionnaire

1 Do you have any discomfort or aching muscles in your legs when you walk that then stops when you rest?

Yes No

2 Do your legs ever feel heavy when walking or are active?

Yes No

3 Are you bothered most nights with burning, pain or coldness in your feet or toes?

Yes No

4 Do you ever need to stop and rest when walking or have difficulty keeping up with others?

Yes No

5 Have you noticed changes in the color or temperature of your feet, or have you experienced poor healing of your wounds?

Yes No

6 Would you have difficulty doing any of the following because of leg fatigue, weakness or discomfort?

Walking one block

Yes No

Climbing one flight of stairs

Yes No

Walking at an increased pace

Yes No

7 Do you have a history of or take any medication for the following?

Diabetes or pre-diabetes

Yes No

Age more than 70 years

Yes No

Smoking or history of smoking

Yes No

If you answered yes to any of these questions, please talk to your physician.

Name _____

Date _____

Reviewed by _____

Notes _____
