Peripheral Artery Disease Screening and Assessment

Name______________________ Age______ Date____________ Phone____________

PAD/Claudication Symptom Review

1. Do you get any discomfort, aching, or fatigue in your leg(s) when you walk? ☐ Yes ☐ No
2. Do you ever need to stop and rest when you are walking? ☐ Yes ☐ No
   Why?______________________________________
3. Do you have discomfort or difficulty if you walk up an incline, go up stairs, or walk at an increased speed? ☐ Yes ☐ No
4. Does the discomfort disappear within 10 minutes if you stand still? ☐ Yes ☐ No
5. Does the discomfort ever begin when you are standing still or sitting? ☐ Yes ☐ No
6. How much walking do you do on a typical day?____________
   What is the farthest and/or fastest you have walked in the past 6 months?______________________
   Does anything limit your walking ability?______________________
   Do you ever use assistance to walk (i.e. cane, walker, motorized cart, someone's arm)?______________________
7. Do you have numbness in your feet? ☐ Yes ☐ No
8. Do you have any ulcers or slow healing wounds on your legs, feet or toes? ☐ Yes ☐ No
9. Do you wake up in your sleep because you have tingeling or numbness in your leg muscles? ☐ Yes ☐ No
   Does this happen more than once a week? ☐ Yes ☐ No

How far can you walk?

_______ Blocks
_______ Miles

☐ Unable to walk

Risk Factor Assessment

- ☐ Smoking history / Date quit _________
- ☐ Diabetes
- ☐ Coronary Artery Disease
- ☐ High Cholesterol
- ☐ Previous Stroke/TIA
- ☐ Hypertension
- ☐ Previous PVOD hx. _____
- ☐ Age >50
- ☐ Obesity BMI >30

Office Use Only

Physical Exam

Skin cool to touch	☐ Yes	☐ No
Absence of hair or uneven distribution	☐ Yes	☐ No
Presence of dry, atrophic skin	☐ Yes	☐ No
Presence of skin discoloration	☐ Yes	☐ No
Dystrophic brittle nails	☐ Yes	☐ No
Muscle weakness or atrophy	☐ Yes	☐ No
Wounds or ulcers present on lower ext.	☐ Yes	☐ No
45° elevation 30 seconds	☐ Yes	☐ No
DP and PT pulses present	☐ Yes	☐ No

Notes

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Testing

- ☐ None Indicated
- ☐ ABI
- ☐ Exercise ABI
- ☐ Arterial Doppler
- ☐ Angiogram
- ☐ ____________