Peripheral Arterial Disease Questionnaire – Endocrine Specialists, PC

Patient Name: _____ Date of Birth:____/____/____ Age ____ Today's Date:____/____/____

Have you ever had the blood pressure tested in your ankle before? No Yes Approximately when _____/_____
(This is called an Ankle Brachial Index – ABI) month/ year

(Please complete and discuss with the Doctor, Physician Assistant, or Nurse Practitioner)

What is your present age range?	49 or less **0**	50-64 **5**	65 or older **10**
1. Do you currently smoke or have you quit smoking in the past?	Never **0**	Quit at age _____ **5**	Yes Current **10**
Please answer and circle Yes or No to the following questions			
2. Do you have diabetes?	No **0**		Yes **10**
3. Do you have high blood pressure or take medication for your blood pressure?	No **0**		Yes **3**
4. Do you have high cholesterol or are you taking cholesterol medication?	No **0**		Yes **3**
5. Have you ever had a __heart attack or a __stroke?	No **0**		Yes **5**
6. Have you ever had surgery, angioplasty, or stenting on an artery of the __neck, __abdomen (aorta), __kidney, __heart or __leg?	No **0**		Yes **5**
7. When walking, do your legs ache, feel fatigued, tingle, cramp up, feel heavy or painful? ___440.21	No **0**		Yes **5**
8. Do you experience any pain at rest in your lower __leg(s) or __feet? ___440.22	No **0**		Yes **1**
9. Do you experience foot or toe pain that often disturbs your sleep? ___440.22	No **0**		Yes **1**
Add up the points from each circled answer in the second and third column	__**0**__	_____	_____
Total Score: Add up the total for the second and third columns		_____	

Scoring:

0 – 9	Unlikely problems with peripheral arterial disease
10 – 15	Questionable: Your physician can help determine if this may be of concern
15 or more	Likely benefit from a painless, non-invasive test for peripheral arterial disease

10. Do you have chronic kidney disease (CKD)? No Yes
11. Do you have end stage renal disease (ESRD) or on Dialysis? No Yes

The American Diabetes Association (ADA), Kidney Disease Improving Global Outcomes (KDIGO), American Heart Association (AHA), American College of Cardiology (ACC), and American College of Physicians (ACP) recommend if you score 15 or more on the questions above that you should have a test for circulation in your legs known as the Ankle Brachial Index – ABI.

Patient Signature _____ Reviewed by Doctor / PA / NP _____

PLEASE TAKE EXTRA QUESTIONNAIRES HOME TO SHARE WITH FAMILY AND FRIENDS