

1) Have you ever felt pain or discomfort in your legs when walking on a flat surface or slope (as when climbing stairs)?

- No
No, (not even if I walk upward or accelerate)
YES

If you answered YES, continue to **Part 1** and **Part 2**
If you answered NO, go directly to **Part 2**

Part 1

2) What do you feel? Pain-discomfort-heaviness?

Pain Discomfort Heaviness

Other _____

3) Does the pain or discomfort also appear when standing or sitting?

Yes No

4) Does it appear when lying down?

Yes No

5) Does it appear when walking on a flat surface?

Yes No

6) Does it always appear after a walk of the same distance?

Yes No

7) The pain/discomfort/heaviness appears after approximately how many meters? Meters _____

8) The pain/discomfort/heaviness appears only when walking upward or walking quickly or climbing stairs?

Yes No

9) What happens to the pain if you stop walking?

It lasts 10 minutes or less

It lasts more than 10 minutes

It doesn't go away

10) If you start walking again, does it reappear?

Yes No

11) Does it always appear after a walk of the same distance?

Yes No

12) How would you describe the pain?

Burning

Cramping

"FeeTest"

Test your Feet Arteries

13) Intensity of the pain:

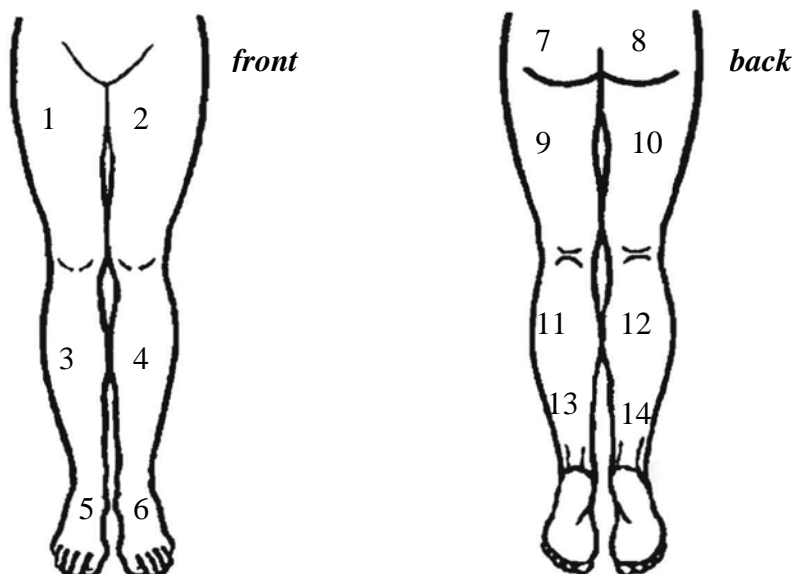
Modest

Strong

Other _____

14) Where does the pain/discomfort/heaviness appear at your legs?

Mark the corresponding number on the figure below. n° _____



Conclusion of Part 1

If you answered YES to the questions n°1, 6, 9, 10, 11 you have a high probability of Peripheral Arterial Disease (PAD).

Along with the questionnaire you should palpate your arterial foot pulses.
(how to palpate your pulses).

<http://www.vas-int.net/your-prevention-point.html>

You should have an Arterial Brachial Index (ABI) test done at your nearest Angiology/Vascular Medicine Center.

Remember to notify your family physician

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Part 2

1. Are you older than 70 years old ? yes no
2. Do you smoke? yes no
3. Do you have diabetes ? yes no
4. Do you have high cholesterol and/or triglycerides? yes no
5. Do you have high blood pressure (hypertension)? yes no
6. Have you had a stroke or TIA (Transient Ischaemic Attack) ? yes no
7. Have you had a myocardial infarction or angina pectoris ? yes no
8. Do you have kidney disease ? yes no
9. Are you in therapy for :
 - Diabetes yes no
 - Cholesterol yes no
 - High Blood Pressure yes no

Conclusion of Part 2:

If you answered YES to any of the above questions and you didn't feel strong arterial pulses, you may have Peripheral Arterial Disease (PAD).

If you answered YES to question 1 or 2 (along with 1 of the questions 3-8) and you didn't feel strong arterial pulses, you have a high probability of having PAD.

How to palpate your foot pulses: (<http://www.vas-int.net/your-prevention-point.html>)

You should have an ABI test done at your nearest Angiology/Vascular Medicine (remember to notify your family physician)

If you hand in or mail this Questionnaire please add the following information:

Obligatory:

Date of birth _____ Gender: M F
City/Country _____

Optional:

Name _____ Last name _____
Street _____
Post code _____
Tel _____ e-mail _____

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