

Are you at risk for Peripheral Vascular Disease (PVD)?

Your answers to these questions will help you know.

Please answer the following questions.

Circle either YES or NO for each.

Do you have cardiovascular (heart) problems such as high blood pressure, heart attack, and stroke? YES NO

Do you have diabetes? YES NO

Do you have a family history of cardiovascular problems? YES NO

Do you have aching, cramping, or pain in your legs when you walk or exercise, but then the pain goes away after you rest? YES NO

Do you have pain in your toes or feet at night? YES NO

Do you have any ulcers or sores on your feet or legs that is slow in healing? YES NO

Do you smoke? YES NO

Have you ever smoked? YES NO

Are you more than 25 pounds overweight? YES NO

Do you eat fried or fatty foods three times a week or more? YES NO

Do you have an inactive lifestyle? YES NO

The more YES answers you circled, the more important it is for you to see your doctor.

You and your doctor may wish to discuss your responses to this questionnaire.