

Peripheral Artery Disease (PAD) Quiz

Do you have cardiovascular problems such as high or low blood pressure and/or cholesterol levels?

- Yes
 No

Do you have a family history of cardiovascular problems?

- Yes
 No

Do you have diabetes?

- Yes
 No

Do you have a family history of diabetes (immediate family such as parent, sister, or brother)?

- Yes
 No

Do you have an irregular weekly exercise regime?

- Yes
 No

Do you smoke?

- Yes
 No

Have you ever smoked?

- Yes
 No

Do you have aching, cramping, tingling, or pain in your legs when you walk or exercise, that is relieved by rest?

- Yes
 No

Do you have pain in your toes or feet at night?

- Yes
 No

Do you have ulcers or sores on your feet or legs that are slow in healing?

- Yes
 No

Do you eat fried or fatty foods?

- Yes
 No

Do you have an irregular weekly exercise regime?

- Yes
 No