

Are your leg symptoms affecting your quality of life?



PVD is commonly used to refer to a collection of diseases and conditions of the circulatory system which affect blood vessels. Patients with these disorders may experience no, few, or several symptoms depending on the disease progression.

The questions below are designed to help you communicate with your doctor about the type of symptoms you are experiencing, and how often these symptoms affect your quality of life. By completing this survey and talking with your doctor, your physician can better evaluate if you are at risk or have symptoms of PVD.

Risk Factors

What is your age?

Under 49 50 - 59 60 - 69 70+

Do you smoke or have you ever smoked? Yes No

Do you have high blood pressure or are you on blood pressure medication? Yes No

Do you have high cholesterol or are you on medication to lower your cholesterol? Yes No

Have you ever been told you have diabetes? Even borderline diabetes? Yes No

Have you ever been told that you have had a heart attack or stroke? Yes No

Have you ever had an angioplasty or stent placed in the heart or leg? Yes No

Physical Findings

Do you have any chronic infections on your ankles, feet, or toes? Yes No

Do you have any ulcers, or slow healing sores/wounds on your legs, ankles, feet, or toes? Yes No

Is your leg bluish, pale or feel cool to the touch? Yes No

Do you have bulging veins or spider veins? Yes No

Is the affected leg skin dry, cracked, or leathery? Yes No

Do your feet or toes have a foul smell or have they turned black? Yes No

Symptoms

Have you noticed your walking pace has slowed? Yes No

Do your legs ever feel tired causing you to stop and rest? Yes No

When you walk, do you ever have to stop because you have pain or cramping in your calves or thighs? Yes No

Do you ever experience cramping, tightness, "Charlie Horse" or pain in the legs or feet when lying down that improves when you stand up? Yes No

Do your feet or toes bother you most nights while lying in bed with relief coming when your feet dangle over the edge of the bed? Yes No

Do you ever experience aches or pain in the legs that go away with elevation? Yes No

Do you have swelling in the leg or ankle that worsen as the day progresses? Yes No

Do you have swelling of the leg or along a vein in the leg? Yes No

Do you have increased warmth in the area of the leg that's swollen or in pain? Yes No

Do your legs look red or have dark discoloration? Yes No

Does the skin of the affected leg feel itchy and irritated? Yes No

Everyday quality of life

Please select the one (1) answer which best describes your experience over the past four (4) weeks.

1. What is your severity of pain in the ankles or legs?

- No pain Slight pain Moderate pain Considerable pain Severe pain

2. How much trouble have you had at work or with your usual daily activities because of your leg problems?

- No trouble Slight trouble Moderate trouble Considerable trouble Severe trouble

3. Have you slept poorly because of your leg problems, and how often?

- Never Rarely Fairly often Very often Every night

4. Have you experienced trouble when climbing stairs?

- No trouble Slight trouble Moderate trouble Considerable trouble Could not do it

5. Have you experienced trouble when crouching or kneeling?

- No trouble Slight trouble Moderate trouble Considerable trouble Could not do it

6. Have you experienced pain when walking at a brisk pace?

- No trouble Slight trouble Moderate trouble Considerable trouble Could not do it

7. Have you experienced leg pain when going out for dinner or an event?

- No trouble Slight trouble Moderate trouble Considerable trouble Could not do it

8. Have you experienced leg pain while playing a sport, exerting yourself?

- No trouble Slight trouble Moderate trouble Considerable trouble Could not do it

Leg problems can also affect your spirits. How closely do the following statements correspond to how you have felt during the past four (4) weeks?

9. I felt nervous or tense.

- Not at all A little Moderately A lot Completely

10. I felt like I was a burden.

- Not at all A little Moderately A lot Completely

11. I felt embarrassed about showing my legs.

- Not at all A little Moderately A lot Completely

12. At times, I felt as if I was handicapped.

- Not at all A little Moderately A lot Completely

13. I did not feel like going out.

- Not at all A little Moderately A lot Completely