

Are your leg symptoms affecting your quality of life?

**Take
the step**

PVD and Me

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