

SMART-ABI Questionnaire

Today's Date: _____ Patient Name: _____
First Middle Last
Age: _____ Gender: Male Female

Answers to the following questions will help determine if you are at risk for Peripheral Arterial Disease (PAD) and if a vascular examination can help better assess your vascular health status.

1- Do you experience any pain in your legs or feet while at rest? Yes No

2- Do you have uncomfortable aching, fatigue, tingling, cramping or pain in your feet, calves, buttocks, hip or thigh during walking/exercise? Yes No

If yes to question 2, does the pain go away when you stop walking/exercising? Yes No

3- Do your feet get pale, discolored or bluish at any time during the day? Yes No

4- Do you have an infection, skin wound or ulcer on your leg or foot that is slow to heal over the past 8-12 weeks? Yes No

5- Do you have high cholesterol or other blood lipid (fat) problems or require cholesterol medication? Yes No

6- Do you have high blood pressure or take medication to reduce blood pressure? Yes No

7- Do you have diabetes? Yes No

8- Do you have a history of chronic kidney disease? Yes No

9- Do you currently or have you ever smoked? Yes No

10- Do you have a history of stroke or mini-stroke (TIA)? Yes No

11- Do you have a history of heart disease (heart attack, MI)? Yes No

12- Do you have a history of carotid stenosis, AA (abdominal aortic aneurysm), and/or stent placement? Yes No
