



CEDAR VALLEY CARDIOVASCULAR CENTER

A DIVISION OF CEDAR VALLEY MEDICAL SPECIALISTS PC

419 East Donald St. • Waterloo, IA 50703 • Phone: (319) 236-1911 • Fax: (319) 287-5832

www.cedarvalleycardiovascularcenter.com

Kalyana Sundaram, MD, FACC

Joud Dib, MD

Salam Sbaity, MD

Himanshu Tandon, MD

Debanik Chaudhuri, MD

Kari N. Haislet, DNP, ARNP

Lisa L. M. Maher, DNP, ARNP

Abbie J. M. Schrader, MSN, ARNP

Abbie L. Schaa, MSN, ARNP

Erica Jensen, MSN, ARNP

PVD (Peripheral Vascular Disease) Questionnaire

Name: _____ Date of Birth: _____ Date: _____

1. Do you suffer aching, cramping or pain in your arms, legs, thighs, or buttocks when you walk or exercise? YES NO
2. If yes to above, does the pain get better when you rest? YES NO
If so, how long do you need to rest before the pain subsides? _____
3. Have you ever been told that you have peripheral vascular disease or blockages in any blood vessels other than your heart? YES NO
4. Do you have Diabetes? YES NO
5. Have you ever been told that you have an aneurysm? YES NO
If so, where is it located? _____
6. Do you have any sores or ulcers on your legs or feet that are having trouble healing? YES NO
7. Have you ever had a thrombus (blood clot) in any of your blood vessels? YES NO
8. Do you anticipate any possible surgery on any of your limbs? YES NO

Patient Signature: _____