

PAD v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity	White African American Hispanic Asian or Pacific Islander American Indian/Alaskan Native Other Unknown/no answer
Smoking	Never Smoked Quit smoking (more than 1 yr) Quit smoking (less than 1 yr) Smoked within 30 days
Minutes of weekly exercise	x minutes of moderate activity x minutes of vigorous activity
Primary care physician My last checkup was	I do not have a primary care physician I have a primary care physician Less than 1 year ago 1 to 2 years ago More than 2 years ago N/A (primaryCarePhysician_has = '0')
Do you have any of these problems with your legs or feet?	Sores or wounds that heal slowly, poorly, or not at all A lower temperature in one leg compared to the other Color changes in the skin on your feet, including paleness or blueness Poor nail growth and decreased hair growth on toes and legs None of these
Do you ever have fatigue, aching, cramping, numbness, or pain in your buttocks or legs?	No, never Only during exercise During exercise and at rest Only at rest
Do you have any of these heart or blood vessel disease conditions?	Heart disease Heart attack Heart failure Stroke Angina or chest pain Abdominal aortic aneurysm None of these
Do you have diabetes?	No Prediabetes Diabetes (Type 1) Diabetes (Type 2)
Is your blood sugar within the recommended ranges set by a doctor?	Yes No
Do you have a sibling, parent, or child who has been diagnosed with PAD?	Yes No I don't know
Do you take any of these medications?	Blood pressure meds Cholesterol meds Diabetes meds None of these
Systolic blood pressure	I don't know
Diastolic blood pressure	I don't know
Are your cholesterol numbers within the healthy range set by a doctor?	Yes No I don't know