

Peripheral Artery Disease HRA Questions

Questions
Name & User Type Options
Email Address
Sex at Birth
Height
Weight
Gender Pronouns Display & Text
Ethnicity (Always available)
Race (Only populated if Detailed Race/Ethnic Origin option selected)
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)
Do you use tobacco products?
In a typical week, what types of physical activity do you engage in? Check all that apply.
Describe your moderate activity in a typical week.
Describe your vigorous activity in a typical week.
Do you have a (primary care name)? Default: primary care physician

Do you have a (specialist name)? Default: vascular specialist

Is your provider part of {ORGANIZATION_NAME}?

Provider Name {label is customizable}

Is your provider part of {ORGANIZATION_NAME}?

Provider Name {label is customizable}

Do you have diabetes?

Is your blood sugar within the recommended ranges set by a doctor?

Do you ever have fatigue, aching, cramping, numbness, or pain in your buttocks or legs?

Do you have any of these problems with your legs or feet?

Do you have any of these heart or blood vessel disease conditions?

Do you have a sibling, parent, or child who has been diagnosed with PAD?

Have you ever been told by a health care professional that your cholesterol was high?

Have you ever been prescribed medications to control your cholesterol?

Have you ever been told by a health care professional that your blood pressure was high?
Have you ever been prescribed medications to control your blood pressure?
If you had to describe your most recent systolic blood pressure (the first or top number), how would
If you had to describe your most recent diastolic blood pressure (the second or bottom number),

Potential Answers

Myself
Caregiver

Male
Female

White
Black or African American
Hispanic or Latino
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other
Unknown/no answer

White
Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other
Unknown/no answer

Not Hispanic or Latino
Hispanic or Latino
Unknown/no answer

No, never
No, last used more than a year ago
No, last used in the past year
Yes

Moderate activity (examples)
Vigorous activity (examples)
None of these

x minutes per day
x days a week

x minutes per day
x days a week

(Not answered)
Yes
No

I don't know
(Not answered)
Yes
No
I don't know
No
Yes
(not answered)
Provider Name
No
Yes
(not answered)
Physician Name
(Not Answered)
No
Prediabetes
Yes, Type 1 Diabetes
Yes, Type 2 Diabetes
I don't know
(Not Answered)
Yes
No
No, never
Only during exercise
During exercise and at rest
Only at rest
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
Heart disease
Heart attack
Heart failure
Stroke
Angina or chest pain
Abdominal aortic aneurysm
None of these
(Not Answered)
Yes
No
I don't know
(Not Answered)
No
Yes
I don't know
(Not Answered)
No

Yes
(Not Answered)
No
Yes
I don't know
(Not Answered)
No
Yes
(Not Answered)
Good - Less than 120
Elevated - 120-129
Moderately High - 130-139
High - 140-149
Concerningly High - 150-159
Very High - 160+
I don't know
(Not Answered)
Good - Less than 80
Moderately High - 80-89
High - 90-99
Very High - 100+
I don't know



Customization Info
Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Optional - can toggle off email capture. Can also customize the page introduction
Required & Not Customizeable
Required & Not Customizeable
Required - can customize whether you want BMI calculation shown on screen or
Optional - be default this question is hidden
Required - can customize the page introduction text that reads by default
Optional additional question
Optional additional question
Required and not customizable
Required and not customizable
Required - can customize text in parentheses - default is '(walking, biking, active
Required - can customize text in parentheses - default is '(running, hiking uphill,
Required - can customize the wording of PCP ex/ 'primary care provider' vs

[illegible]

Required and not customizable
Required and not customizable
Required and not customizable
Required and not customizable