



# PERIPHERAL ANGIOGRAM (RUNOFF) QUESTIONNAIRE

RADIOLOGY

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX:  M  F

DIAGNOSIS (Why are you having this study?): \_\_\_\_\_  
\_\_\_\_\_

### PLEASE CHECK EACH BOX THAT APPLIES TO YOU (AND ANSWER QUESTIONS):

- Claudication (leg pain with walking/exercise)
- Leg pain at rest
- Nonhealing leg wounds or ulcers
- Ischemic toes (dark or black toes)
- Amputation (please specify): \_\_\_\_\_
  
- High blood pressure (hypertension) (What is your blood pressure?) \_\_\_\_\_  
 How long have you had hypertension? \_\_\_\_\_  
 Are you taking blood pressure medications?  Yes  No  
 If yes, list your medications \_\_\_\_\_  
 \_\_\_\_\_
- Smoking  
 How many packs per day? \_\_\_\_\_  
 How many years have you smoked? \_\_\_\_\_
- Diabetes
- Vascular angioplasty? (If so, please describe.) \_\_\_\_\_  
 \_\_\_\_\_
- Vascular surgery? (If so, please describe.) \_\_\_\_\_  
 \_\_\_\_\_
- Other medical conditions?  
 \_\_\_\_\_

### PRIOR STUDIES AND INTERVENTION:

- Prior MRI (when?) \_\_\_\_\_ (where?) \_\_\_\_\_
- Angiogram (when?) \_\_\_\_\_ (where?) \_\_\_\_\_
- Ultrasound (when?) \_\_\_\_\_ (where?) \_\_\_\_\_
- Noninvasive vascular study (when?) \_\_\_\_\_ (where?) \_\_\_\_\_