HCHS/SOL Claudication Questionnaire

ID NUMBER

FORM CODE: CLE
VERSION: A 2/25/08

Contact Occasion

SEQ #

Acrostic:

ADMINISTRATIVE INFORMATION

0a. Completion Date: [Month] [Day] [Year] 0b. Staff ID: 

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don’t know/refused' is not listed as an option.

1. Are you age 45 or older?
   No 0 → END QUESTIONNAIRE
   Yes 1

2. Do you get pain or discomfort in either leg on walking?
   No 0 → END QUESTIONNAIRE
   Yes 1

2a. In which leg(s)?
   Right leg 1 → ADMINISTER QUESTION 3 – QUESTION 7
   Left leg 2 → GO TO QUESTION 8
   Both legs 3 → ADMINISTER QUESTION 3 – QUESTION 12

A. Right Leg

3. Does this pain ever begin when you are standing still or sitting?
   No 0
   Yes 1

4. Does this pain include your calf/calves?
   No 0
   Yes 1

5. Do you get it when you walk at an ordinary pace on the level?
   No 0
   Yes 1

6. What do you do if you get it when you are walking?
   Stop or slow down 1
   Continue on 2

7. What happens to the pain if you stand still?
   (Interviewer: response categories refer to pain)
   Lessened or relieved 1
   Unchanged 2
B. Left Leg
8. Does this pain ever begin when you are standing still or sitting?
   No  0
   Yes 1

9. Does this pain include your calf/calves?
   No  0
   Yes 1

10. Do you get it when you walk at an ordinary pace on the level?
    No  0
    Yes 1

11. What do you do if you get it when you are walking?
    Stop or slow down 1
    Continue on  2

12. What happens to the pain if you stand still?
    (Interviewer: response categories refer to pain)
    Lessened or relieved 1
    Unchanged  2