

OMB#: 0925-0584  
Exp. XX/XXXX

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# 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