

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## YOUR CIRCULATORY HEALTH | Please check all that applies

I get swelling in my hands and feet

I have Raynaud's syndrome

I have high blood pressure

I have muscle cramps

I have poor blood flow to my feet

I have pale or blue skin color

I have erectile dysfunction

I have edema

I get frequent infections

I have throbbing or stinging  
pain in limbs

I get cold hands and feet

Muscles that feel weak  
when walking

I have varicose veins

I have varicose views.

I have numbness and tingling  
in my extremities

My weight is hard to manage

My wounds heal slowly

I have blood clots