



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

PHYSICAL ASSESSMENT

- 1. Were any of the physical assessments done ₁ Yes ₀ No
- 2. Date of measurement: _____ / _____ / _____ (mm/dd/yyyy)
- 3. Time of measurement: _____ : _____ (military time)
- 4. Weight: (measured in kg) _____ kg ₉₇ Not measured

ANKLE BRACHIAL INDEX (ABI): (Record 300 mm Hg if the reading is greater than 300 mm Hg.)

Blood pressure: (systolic only)

- 5. Right brachial pressure: _____ (mm Hg) ₉₇ Not measured
- 6. Right posterior tibial artery (PTA): _____ (mm Hg) ₉₇ Not measured
- 7. Right dorsalis pedis artery (DPA): _____ (mm Hg) ₉₇ Not measured
- 8. Left brachial pressure: _____ (mm Hg) ₉₇ Not measured
- 9. Left posterior tibial artery (PTA): _____ (mm Hg) ₉₇ Not measured
- 10. Left dorsalis pedis artery (DPA): _____ (mm Hg) ₉₇ Not measured

Ankle Brachial Index (ABI): (not entered in the Data Management System)

- 11. Right Ankle Brachial Index: _____
- 12. Left Ankle Brachial Index: _____

ABI = higher value of ankle systolic / higher value of brachial systolic
 Calculation of Right Ankle Brachial (AB) Index:
 Higher value in item # 7 or item #8 divided by value in item #6 or Item 9.
 Calculation of Left Ankle Brachial (AB) Index:
 Higher value in item #10 or item #11 divided by value in item #6 or Item 9.

13. Technician ID: _____

Comments: _____

