



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

PHYSICAL ASSESSMENT

- 1. Please indicate which assessment was done:
 - ₁ Weight
 - ₂ ABI
 - ₃ Both assessments done
 - ₄ Neither assessment done
- 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 # 6 or item #7 divided by value in item #5 or Item 8.
 Calculation of Left Ankle Brachial (AB) Index:
 Higher value in item #9 or item #10 divided by value in item #5 or Item 8.

13. Technician ID: _____

Comments: _____

