



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 Core assessments done
₄ Neither Core assessments done
₅ PAD assessments 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: _____

TOE-BRACHIAL INDEX (TBI): (systolic only) [To be completed for PAD Ancillary participants ONLY]

14. Right Great Toe: ____ (mm Hg) ₉₇ Not measured
15. Left Great Toe: ____ (mm Hg) ₉₇ Not measured

Comments: _____

