



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### PHYSICAL ASSESSMENT

#### Assessment at Baseline Visit and each Clinic Visit.

#### ANTHROPOMETRY

1. Date of measurement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY
2. Time of measurement: \_\_\_\_\_ : \_\_\_\_\_ (military time)

#### A. Height and Weight:

**Completed at Follow-up Clinic Visits ONLY.**  
**Baseline height and weight measured at screening visit and recorded on Eligibility Assessment (ELIG).**

3. Standing height: (measured in cm) \_\_\_\_\_ . \_\_\_\_\_ cm
4. Weight: (measured in kg) \_\_\_\_\_ . \_\_\_\_\_ kg

#### B. Body Size:

5. Girth (to the nearest cm):
- a. Waist: \_\_\_\_\_ . \_\_\_\_\_ cm

#### ANKLE BRACHIAL INDEX

##### A. Blood Pressure: (systolic only)

6. Right Brachial Pressure: \_\_\_\_\_ (mm Hg)
7. Right Posterior Tibial Artery (PTA): \_\_\_\_\_ (mm Hg)
8. Right Dorsalis Pedis Artery (DPA): \_\_\_\_\_ (mm Hg)
9. Left Brachial Pressure: \_\_\_\_\_ (mm Hg)
10. Left Posterior Tibial Artery (PTA): \_\_\_\_\_ (mm Hg)
11. Left Dorsalis Pedis Artery (DPA): \_\_\_\_\_ (mm Hg)



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### PHYSICAL ASSESSMENT

#### B. Ankle Brachial Index:

12. Right AB Index: \_\_\_\_\_ . \_\_\_\_\_

13. Left AB Index: \_\_\_\_\_ . \_\_\_\_\_

**Calculation of Right Ankle Brachial (AB) Index [higher value of ankle systolic / higher value of brachial systolic]:**

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.

### BIOELECTRIC IMPEDANCE ASSESSMENT:

**Assessment at Baseline Visit, 24 Month and 48 Month Visits.**

19. Does the participant have an implanted defibrillator? <sub>0</sub> No <sub>1</sub> Yes (*Skip to Question # 18*)

**DO NOT administer BIA to participants with implanted defibrillator.**

14. Body position: <sub>1</sub> Supine (*preferred*) <sub>2</sub> Seated

**Body position checked (in item #1) at Baseline Visit #3 must be used for subsequent testing.**

15. Side measured: <sub>1</sub> Right <sub>2</sub> Left

**Side measured (in item #2) at Baseline Visit #3 must be used for subsequent testing.**

16. Measured Resistance (R): \_\_\_\_\_ (ohms)

17. Measured Reactance (Xc): \_\_\_\_\_ (ohms)

18. Technician ID: <sub>1</sub> \_\_\_\_\_ (*Tech. ID for Anthropometry, ABI, BIA*)

OR <sub>2</sub> \_\_\_\_\_ (*Tech. ID for Anthropometry*)

\_\_\_\_\_ (*Tech. ID for ABI*)

\_\_\_\_\_ (*Tech. ID for BIA*)