



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:

3. Standing height: ___ . ___ cm

4. Weight: ___ . ___ 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.

14. Body position: ₁ Supine (preferred) ₂ Seated

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

15. Side measured: ₁ Right ₂ 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)