



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

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? ₀ No
₁ Yes (*Skip to Question # 18*)

DO NOT administer BIA to participants with implanted defibrillator.

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)

18. Technician ID: ₁ _____ (*Tech. ID for Anthropometry, ABI, BIA*)

OR ₂ _____ (*Tech. ID for Anthropometry*)

_____ (*Tech. ID for ABI*)

_____ (*Tech. ID for BIA*)