



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

PHYSICAL ASSESSMENT

Physical assessments (Anthropometry and ABI) performed on the participant at the baseline visit and each annual clinic visit.

ANTHROPOMETRY:

1. Date of measurement: _____ / _____ / _____ (mm/dd/yyyy)

2. Time of measurement: _____ : _____ (military time)

A. Height and weight:

Height and weight are measured at follow-up clinic visits only.
(Baseline height and weight are measured at screening visit and recorded on the Eligibility Assessment (**ELIG**) case report form.)

3. Standing height: (measured in cm) _____ . _____ cm

4. Weight: (measured in kg) _____ . _____ kg

B. BODY SIZE:

5. Girth:

5a. Waist (to the nearest cm): _____ . _____ cm

ANKLE BRACHIAL INDEX (ABI):

A. Blood pressure: (systolic only)

6. Right brachial pressure: _____ (mm Hg) ₉₇ Not measured

7. Right posterior tibial artery (PTA): _____ (mm Hg) ₉₇ Not measured

8. Right dorsalis pedis artery (DPA): _____ (mm Hg) ₉₇ Not measured

9. Left brachial pressure: _____ (mm Hg) ₉₇ Not measured

10. Left posterior tibial artery (PTA): _____ (mm Hg) ₉₇ Not measured

11. Left dorsalis pedis artery (DPA): _____ (mm Hg) ₉₇ Not measured

B. Ankle Brachial Index (ABI): (not entered in the Data Management System)

12. Right Ankle Brachial Index: _____ . _____

13. 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 # 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.



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PHYSICAL ASSESSMENT

BIOELECTRIC IMPEDANCE ASSESSMENT (BIA):

BIA is administered to the participant at the baseline visit and each annual clinic visit.

19. Does the participant have an implanted defibrillator? ₀ No ₁ Yes (skip to item # 18)

20. Does the participant have a pacemaker? ₀ No ₁ Yes (skip to item # 18)

Do not administer BIA to participants with an implanted defibrillator or a pacemaker.

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

Body position checked (in item #1) at baseline visit (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)

Comments: _____

