



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PHYSICAL ASSESSMENT

ANTHROPOMETRY:

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

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

A. Height and weight:

3. Standing height: (measured in cm) ___ . ___ cm ₉₇ Not measured

4. Weight: (measured in kg) ___ . ___ kg ₉₇ Not measured

B. BODY SIZE:

5. Girth:

5a. Waist (measured in cm): ___ . ___ cm ₉₇ Not measured

ANKLE BRACHIAL INDEX (ABI): (Record 300 mm Hg if the reading is greater than 300 mm Hg.)

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.



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PHYSICAL ASSESSMENT

BIOELECTRIC IMPEDANCE ASSESSMENT (BIA):

19. Does the participant have an implanted defibrillator? ₀ No ₁ Yes

20. Does the participant have a pacemaker? ₀ No ₁ Yes

Do not administer BIA or complete Questions 14 through 17 to participants with an implanted defibrillator and/or a pacemaker.

14. Body position: ₁ Supine (preferred) ₂ Seated ₉₇ BIA not administered

15. Side measured: ₁ Right ₂ Left

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: _____

