

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA PWV Sphygmocor - Ver. 1.0**Section Title: Pulse Wave Velocity****Instructions:**

Date Completed

☐ Blank

Tester ID

Randomization list

- ☐ Complior first SphygmoCor second
☐ SphgmoCor first Complior second
☐ Complior Only

Pulse Wave Velocity

Was PWV Performed?

☐ Yes ☐ No

Click to deselect entry

Reason not performed or
unsatisfactory

- ☐ Contraindication
☐ Physical
☐ Cognitive
☐ Physical and Cognitive
☐ Refused
☐ Technical problems
☐ Other

Other reason not done

Contraindications

- ☐ TIA or CVA within past 6 months
- ☐ Bilateral carotid bruits
- ☐ Hardware on neck precluding access to carotid pulse

AGI - Augmentation Index

Was AGI Performed?

- ☐ Yes ☐ No

Click to deselect entry

Reason not performed or unsatisfactory

- ☐ Contraindication
- ☐ Physical
- ☐ Cognitive
- ☐ Physical and Cognitive
- ☐ Refused
- ☐ Technical problems
- ☐ Other

Contraindications

- ☐ TIA or CVA within past 6 months
- ☐ Bilateral carotid bruits
- ☐ Hardware on neck precluding access to carotid pulse

Other reason not done

ABI - Ankle Brachial Index

If Right only or Left only: indicate reason not completely performed or unsatisfactory

Was ABI Performed?

- ☐ Yes both sides
- ☐ Right only
- ☐ Left only
- ☐ No

Click to deselect entry

Reason not completely performed or unsatisfactory

- ☐ Contraindication
- ☐ Physical
- ☐ Cognitive
- ☐ Physical and Cognitive
- ☐ Refused
- ☐ Technical problems
- ☐ Other

Other reason not done

Blood Pressure

Was Blood Pressure measured? ☐ Yes ☐ No [Click to deselect entry](#)

Systolic

Diastolic

MAP