

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Pulse Wave Velocity - Ver. 1.1**Section Title: Pulse Wave Velocity****Instructions:**

Date Completed

☐ Blank

Tester ID

Was Vasera and Colin comparison study performed? ☐ Yes ☐ No**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

Contraindications

☐ TIA or CVA within past 6 months

Other reason not done

☐ 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