



Exam 7

Arterial Stiffness

Participant ID #: Acrostic:

Technician ID: Date: / /
Month Day Year

Transcribe from participant visit records:

Age
 . cm Height
 . lbs Weight
 Male Female

Heart Rate: bpm
 Blood Pressure: Systolic . Diastolic .

Ask Participant before arterial pulse wave exam:

1. Have you eaten in the last 8 hours?

- Yes →
- No

1a. How long has it been since your last meal or snack? Hours Minutes

1b. Did you last eat a meal or snack? Meal Snack

1c. What did you eat for your last meal or snack? _____

2. Have you had any caffeinated beverages such as coffee, energy drinks, or caffeinated soda in the last 4 hours?

- Yes →
- No

2a. How long has it been since your last caffeinated beverage? Hours Minutes

3. Have you had a cigarette or e-cigarette in the last 4 hours?

- Yes →
- No

3a. How long has it been since your last cigarette or e-cigarette? Hours Minutes



Exam 7 Arterial Stiffness

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

Results of the arterial pulse wave exam:

Complete →

Quality of waveform: Good Fair Poor

Were multiple recordings performed? Yes No

Incomplete →

Reason exam incomplete or not done:

- Poor arterial waveform
- Undetectable arterial waveform
- Equipment malfunction
- Time/staff/room constraints
- Examinee refused or uncooperative
- Examinee physically unable
- Other: _____

Comments: _____

Sonographer ID #: _____