

Arch Obstruction Cath Data Collection Form

Study # _____

Date of Cath(DD/MMM/YYYY): \ \

Weight _____ kg

Height _____ cm

BSA _____ m²

Blood Pressure: Systolic _____ mmHg

Diastolic _____ mmHg

Peak to Peak Arch Gradient _____ mmHg

Echo data concordant with re-intervention Yes

No

Arch Obstruction Clinic Data Collection Form

Study # _____

Date of Clinic (DD/MMM/YYYY): □□\□□□\□□□□

Weight _____ kg

Height _____ cm

BSA _____ m²

Blood Pressure: Upper Extremity

Systolic _____ mmHg

Diastolic _____ mmHg

Blood Pressure: Lower Extremity

Systolic _____ mmHg

Diastolic _____ mmHg

Arch Obstruction Echo Data Collection Form

Study # _____

Date of ECHO (DD/MMM/YYYY): \ \

Weight _____ kg

Height _____ cm

BSA _____ m²

SBP _____ mmHg

DBP _____ mmHg

Peak Arch Gradient _____ mmHg

Mean Arch Gradient _____ mmHg

Peak arch velocity _____ m/s or cm/sec

Mean arch velocity _____ m/s or cm/sec

Diameter of Narrowed Segment _____ cm or mm

Diameter of Descending Aorta _____ cm or mm

Subjective comments about Arch:	Narrowed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
	Obstructed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
	Stenotic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>