**Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form**

**Pre-Procedure**

<table>
<thead>
<tr>
<th>Race:</th>
<th>❑ Caucasian</th>
<th>❑ Aboriginal</th>
<th>❑ South Asian</th>
<th>❑ Asian</th>
<th>❑ Black</th>
<th>❑ Middle Eastern</th>
<th>❑ Unknown</th>
<th>❑ Other ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (cm):</td>
<td>________________</td>
<td>Weight (kg):</td>
<td>________________</td>
<td>History of smoking:</td>
<td>❑ Never</td>
<td>❑ Former</td>
<td>❑ Current</td>
<td>❑ Unknown</td>
</tr>
<tr>
<td>Hypertension:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Diabetes:</td>
<td>❑ Yes*</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Diabetes-Control:</td>
</tr>
<tr>
<td>Hyperlipidemia:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>COPD:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Cerebral Vascular Disease:</td>
</tr>
<tr>
<td>Previous Myocardial Infarction:</td>
<td>❑ No</td>
<td>❑ Yes, Within last 30 days</td>
<td>❑ Yes, Greater than 30 days ago</td>
<td>❑ Unknown</td>
<td>Previous PCI:</td>
<td>❑ Yes*</td>
<td>❑ No</td>
<td>❑ Unknown</td>
</tr>
<tr>
<td>Previous CABG Procedure:</td>
<td>❑ Yes*</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>(If Yes* ➞) Date: <strong>mm</strong>/<strong>dd</strong>/__yy (most recent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Heart Failure:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Dialysis:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td></td>
</tr>
<tr>
<td>Dye Allergy:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Previous Vascular Intervention:</td>
<td>❑ None</td>
<td>❑ Aorta</td>
<td>❑ Carotid</td>
<td>❑ Lower Extremity</td>
</tr>
<tr>
<td>Medication</td>
<td>❑ ACE-Inhibitor/ARB:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>❑ Beta Blocker:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
</tr>
<tr>
<td>Statin:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Anticoagulant(s):</td>
<td>❑ Yes*</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>(If Yes* ➞) Indicate the type</td>
</tr>
<tr>
<td>Anticoagulant(s):</td>
<td>❑ Yes*</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>Acetylsalicylic Acid (ASA/aspirin):</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Acetylsalicylic Acid (ASA/aspirin):</td>
<td>❑ Yes</td>
</tr>
<tr>
<td>Apixaban:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Apixaban:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Apixaban:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clopidogrel:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Heparin:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Heparin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rivaroxaban:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Rivaroxaban:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Rivaroxaban:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coumadin:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Other:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASA (aspirin) Within 36 Hours of Surgery:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td>ASA (aspirin) Within 36 Hours of Surgery:</td>
<td>❑ Yes</td>
<td>❑ No</td>
<td>❑ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

PVI = Peripheral Vascular Intervention
**Lower Extremity Occlusive Disease (LEOD) Vascular Registry Data Collection Form**

### Pre-Procedure

**LVEF Assessment Method:**
- MUGA (Nuclear)
- Echocardiogram
- Ventriculogram (Coronary Angiogram)

**LVEF Value:**
- Unknown
- ≥ 50%
- 35-49%
- 20-34%
- <20%

**Date of LVEF Assessment:**
- **mm / dd / yy**

**Creatinine:**
- Done
- Not Done
- Unknown

**Creatinine:**
- ____________ µmol/L
  - Hemoglobin: ____________ g/L

**eGFR (local lab value):**
- ____________ ml/min/1.73m²

**PRE-PROCEDURE INVESTIGATION DATA**

**Indication for Current Procedure:**
- Acute Ischemia
- Asymptomatic
- Major Tissue Loss
- Rest/Night Pain
- Aneurysm
- Claudication
- Minor Tissue Loss
- Other: ________________

**Previous Vascular Procedure:**
- Left Leg
  - None
  - Amputation
  - Endovascular/Angioplasty
  - Surgery (Bypass/Endarterectomy)

**Previous Amputation Location:**
- Above Knee
- Below Knee
- Foot

**Previous Endovascular/Angioplasty – Target Vessel:**
- Inflow (aorta/iliac)
- CFA
- SFA
- Popliteal
- Tibial (or distal)

**Previous Surgery – Target Vessel:**
- CIA
- EIA
- CFA
- Infrainguinal

**Right Leg**

- None
- Amputation
- Endovascular/Angioplasty
- Surgery (Bypass/Endarterectomy)

**Previous Amputation Location:**
- Above Knee
- Below Knee
- Foot

**Previous Endovascular/Angioplasty – Target Vessel:**
- Inflow (aorta/iliac)
- CFA
- SFA
- Popliteal
- Tibial (or distal)

**Previous Surgery – Target Vessel:**
- CIA
- EIA
- CFA
- Infrainguinal

**Ankle-Brachial Index (ABI):**

**Left Leg:**
- ABI value: ____________
- Unable to occlude (measure)
- Unknown
- Not applicable

**Right Leg:**
- ABI value: ____________
- Unable to occlude (measure)
- Unknown
- Not applicable

**Toe-Brachial (TBI):**

**Left Leg:**
- TBI value: ____________
- Unable to occlude (measure)
- Unknown
- Not applicable

**Right Leg:**
- TBI value: ____________
- Unable to occlude (measure)
- Unknown
- Not applicable

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PVI = Peripheral Vascular Intervention