1. Date form was completed
   M M / D D / Y Y Y Y

2. Date study medication was started
   M M / D D / Y Y Y Y

Demographic Information

3. Date of Birth:
   M M / D D / Y Y Y Y

4. Gender
   □ Male   □ Female

5. Race
   □ Caucasian   □ Black   □ Asian   □ Hispanic   □ Other

Medical History

6. Diabetes
   □ Yes   □ No
   6a. If "yes" for diabetes, treatment regimen
   □ diet   □ oral   □ insulin  (check all that apply)

7. Renal Failure
   □ Yes   □ No

8. Cerebrovascular Disease
   □ Yes   □ No
   8a. If "Yes", have you had a prior stroke?
   □ Yes   □ No

9. Hypertension
   □ Yes   □ No

10. Smoking History
    □ Current   □ Former   □ Never

11. Cardiac Disease
    □ Yes   □ No
    11a. Prior MI
        □ Yes   □ No
    11b. Prior PCI
        □ Yes   □ No
    11c. Prior CABG
        □ Yes   □ No

12. Treatment with Pletal in the past
    □ Yes   □ No
    12a. If yes, how many days ago?
        □ □ □

13. Treatment with other ulcer medication in the past?
    □ Yes   □ No
    13a If yes, which medications:
        □ pentoxifylline
        □ ticlopidine
        □ arginine
        □ hyperbaric oxygen
        □ other
    13b. If yes, how many days ago?
        □ □ □
### Exam and Laboratory Data

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>14a. Height</td>
<td></td>
<td></td>
<td>cm</td>
</tr>
<tr>
<td>14b. Weight</td>
<td></td>
<td></td>
<td>kgs</td>
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<tr>
<td>14c. Beta-HCG</td>
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</table>

(PREMENOPAUSAL WOMEN ONLY)

### Ulcer Characterization

<p>| | | | | | | |</p>
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<tbody>
<tr>
<td>15a. Region (all that apply):</td>
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<tr>
<td>b. Aspect of foot</td>
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<td>c. Ulcer location</td>
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<td>d. Limb edema</td>
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<td>e. Photograph taken</td>
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<td>f. Ulcer count</td>
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<tr>
<td>g. Toe pressures</td>
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<td>mm Hg</td>
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<tr>
<td>h. TcPO2 of the dorsum of foot</td>
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<td>mm Hg</td>
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<tr>
<td>i. TcPO2 of chest reference</td>
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<td>mm Hg</td>
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**Using the picture below, locate the target ulcer with an X.**

[Image of foot diagrams indicating left and right foot with X marks]