

Comorbidity	Level 1	Level 2	Level 3	Comments	Reference
Diabetes	No Yes Unknown	If Yes medication; <ul style="list-style-type: none"> - Insulin - Oral antidiabetic - Both - Diet - No treatment 	HbA1c	Yes: Fasting blood sugar ≥ 7 mmol/L or post glucose ≥ 11.1 mmol/L and/or HbA1c $\geq 6.5\%$ or antidiabetic medication.	Stoner MC, Calligaro KD, Chaer RA, Dietzek AM, Farber A, Guzman RJ, et al. Reporting standards of the Society for Vascular Surgery for endovascular treatment of chronic lower extremity peripheral artery disease. J Vasc Surg. 2016;64(1):e1-e21. Kumar R, Nandhini LP, Kamalanathan S, Sahoo J, Vivekanadan M. Evidence for current diagnostic criteria of diabetes mellitus. World Journal of Diabetes. 2016;7(17):396-405.

Ischemic Heart disease	<ul style="list-style-type: none"> - No - Asymptomatic (Previous angina but without symptoms > 3 months, or revascularized) - Angina pectoris - Previous Acute coronary syndrome - Unknown 	<p>Canadian Cardiovascular Society grading of angina pectoris</p> <ul style="list-style-type: none"> • 0 asymptomatic. • I – Angina only during strenuous or prolonged physical activity • II – Slight limitation, with angina only during vigorous physical activity • III – Symptoms with everyday living activities, i.e., moderate limitation • IV – Inability to perform any activity without angina or angina at rest, i.e., severe limitation 			
Previous cardiac revascularisation CABG/PCI	<ul style="list-style-type: none"> No Yes 				

Congestive heart failure	Yes No Unknown	<p>New York Heart association classification:</p> <p>I) No limitations. Ordinary physical activity does not cause undue fatigue, dyspnoea or palpitations (asymptomatic LV dysfunction).</p> <p>II) Slight limitation of physical activity. Ordinary physical activity results in fatigue, palpitation, dyspnoea or angina pectoris (mild CHF).</p> <p>III) Marked limitation of physical activity. Less than ordinary physical activity leads to symptoms (moderate CHF).</p> <p>IV) Unable to carry on any physical activity without discomfort. Symptoms of CHF present at rest (severe CHF).</p>			
Heart arrhythmia	No Yes Unknown	<ol style="list-style-type: none"> 1) Atrial 2) Ventricular 3) Previous ablation 4) A-V block w. Pacemaker 5) ICD 6) Previous ablation and Pacemaker/ICD 7) Other 		Current dysrhythmia as documented in medical record or EKG: Atrial = Atrial fibrillation or flutter or other supraventricular arrhythmia, either intermittent or constant;	

				<p>Ventricular = Any ventricular dysrhythmia including frequent premature beats; A-V Block w pacemaker= Atrioventricular block with Pacemaker in place ICD = Implantable cardioverter defibrillator in place for any reason. Other = other clinically significant dysrhythmia requiring treatment but not listed here.</p>	
Pulmonary Disease	None No treatment Medical treatment Home oxygen Unknown				

Cerebrovascular disease	No Transient ischemic attack (Incl amaurosis fugax) Stroke Unknown.	Modified Rankin Score 0 No symptoms at all. 1 No significant disability despite symptoms; able to carry out all usual duties and activities. 2 Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance. 3 Moderate disability; requiring some help, but able to walk without assistance. 4 Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance. 5 Severe disability; bedridden, incontinent and requiring constant nursing care and attention. 6 Dead.			Bonita R, Beaglehole R. "Modification of Rankin Scale: Recovery of motor function after stroke." Stroke 1988 Dec;19(12):1497-1500
Hypertension	No Yes (bp>140/90 or medical treatment)	Treated controlled, Treated uncontrolled (bloodpressure bp>140/90 despite treatment)	Cause of hypertension:*		
			<ul style="list-style-type: none"> • Essential • Renal sclerotic • Fibro muscular dysplasia • Other (endocriologic) 		

Optional					
Renal function	No* Yes Dialysis Functional Renal transplant Unknown	Serum creatinine ($\mu\text{mol/L}$ or mg/dL)	Glomerular filtration rate (GFR) mL/min	eGFR $<60\text{mL/min/1.73m}^2$ on two occasions separated by 3 months and that is not associated with a transient, reversible condition such as volume depletion.	National Kidney F. K/DOQI clinical practice guidelines for chronic kidney disease: evaluation, classification, and stratification. American journal of kidney diseases: the official journal of the National Kidney Foundation. 2002;39(2 Suppl 1):S1-266.
Tobacco use	Never smoked Former smoker (>12 week) Current smoker	If former quit date	Pack years		Stoner MC, Calligaro KD, Chaer RA, Dietzek AM, Farber A, Guzman RJ, et al. Reporting standards of the Society for Vascular Surgery for endovascular treatment of chronic lower extremity peripheral artery disease. J Vasc Surg. 2016;64(1):e1-e21.