

## Ankle-Brachial Blood Pressure

A DANOKINA - HETYSH LESCHARGE			1	1	1	1							CODE: . ON A 08		იიი
ID NUMBER:							CC	NTA	ACT Y	/EAR	k:	VERSIO	51471 00	,,07,20	,00
LAST NAME:											INITIALS:				

INSTRUCTIONS: This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"You will have blood pressures checked in your arms and legs. The method used to do this is similar to standard blood pressure measures. An ultrasound device will be used allowing you to hear the blood flow while the blood pressure is taken. There is no more discomfort involved beyond having a blood pressure cuff placed on your arms and ankles."

## A. EXCLUSIONS

1a.		the participant have any open wounds in the e or arm cuff area?	Yes No	Y	Exclude; Go to Item 25
	1b.	Has the participant undergone bilateral amputation?	Yes No	Y ——	Exclude; Go to Item 25
	1c.	Is the participant unable to lay at <45 degree angle?	Yes No	Y	Exclude; Go to Item 25
	1d.	Has the participant had a double mastectomy?	Yes No	Y ——	Exclude; Go to Item 25

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## B. MEASURES

2.	2. Arm cuff size:											Sma	all ac	lult (	< 24	4 cm	)		S			
												Reg	ular	adul	t (24	1-32	cm)		R			
												Lar	ge ac	dult (	(33-	41 c	m)		L			
												Thi	gh (>	>41 (	cm)				Т			
3a.	Arm used	d [RI	IGHT	PRE	FERR	ED]:									Ri	ght			R —	Go	to Ite	m 4a
															Le	eft			L			
	3b. Exp	olain	why	righ	t arn	1 was	s not	use	d:													
																				]		
							<u> </u>										<u> </u>		l	] ]		
4a.	Right anl	kle cı	uff s	ize: .						<b>.</b>		. Sma	all ac	lult (	< 24	4 cm	)		S			
												Reg	ular	adul	t (24	1-32	cm)		R			
												Lar	ge ac	dult (	(33-	41 c	m)		L			
												Thi	gh (>	>41 (	cm)				Т			
	4b. Lef	t ank	de cu	ıff si	ze: .						<b>.</b>	. Sma	all ac	lult (	< 24	4 cm	)		S			
												Reg	ular	adul	t (24	1-32	cm)		R			
												Lar	ge ac	dult (	(33-	41 c	m)		L			
												Thi	gh (>	>41 (	cm)				Т			
																			$\neg$			
5.	Doppler	systo	olic:									 [* <i>F</i>	 \DD	 30 T	O GI	L ET M	<u> </u> AXIN	 1AL	  NFL#	ATION	LEVI	ΞLΊ
												-						_	_			-
																	+	3(	<b>J</b> r	nm H	g*	
																Г			٦			
6.	Maximal	infla	tion	leve	l:											.∟						

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7.	Brac	hial:	:														. [			☐ r	nm	Hg
8.	Righ	ıt po	steri	or til	bia: .															r	nm	Hg
9.	Left	pos	terio	r tibi	a:															] r	mm	Hg
10.	Left	pos	terio	r tibi	a:															r	mm	Hg
11.	Righ	ıt po	steri	or til	bia: .												. [			r	mm	Hg
12.	Brac	hial:		· · · · · · · · ·																] r	nm	Hg
13.	Was	the	first	arm	bloc	d pr	essu	re m	easu	rem	ent o	btaiı	ned?				Yes No			Y – N	-[	Go to Item 15
14.	Iden mea		all re men						ood p	oress	ure						<u>Yes</u>			<u>No</u>		
	First	arm	າ:						14	4a. l	Jnab	le to	occ	lude	:		. Y			N		
									14	4b. l	Jnab	le to	loca	ite a	rtery	: <b>.</b>	Υ			N		
									14	4c. (	Othe	r (ple	ease	spec	ify):		.Y			N -	_	Go to Item 15
	14d	. Sp	ecify:	:													,				_	
																		·			_	

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15.	Was obta										asure 						Yes			Y —	Go to Item 17
																	No			N	
16.	Iden	ntify	all re	asor	ns th	e firs	st rig	ht ar	ıkle	bloo	d pre	essur	re								
	mea	isure	men	l Wa	5 1101	. ODL	amec	J.									<u>Yes</u>			<u>No</u>	
	First	t rigł	nt an	kle:					16	Sa. I	Jnab	le to	occl	ude:			Y			N	
									1	6b. <i>i</i>	Ampı	utatio	on: .				Υ			N	
									1	6c.	Unab	le to	loca	ite a	rtery	: <b>.</b> .	Υ			N	
									1	6d. (	Othe	r (ple	ease	spec	ify):		Υ			N —	Go to Item 17
	16e	. Spe	ecify																		
		<u> </u>		l		l		l	l		I					l	l 	l	<u> </u>		
17.	Was	the	first	left a	ankle	e blo	od p	ressi	ure r	neas	uren	nent									
	obta	ainec	ł?													· · · · · •	Yes			Y —	Go to Item 19
																	No			N	
18.	Iden mea		all re men						de b	ood	pres	sure									
																	<u>Yes</u>			<u>No</u>	
	First	t left	ankl	le:							Unab									N	
											Ampı									N	
											Unab									N	
									13	8d. (	Othe	r (ple	ease	spec	ify):		Y			N —	Go to Item 19
	18e	. Spe	ecify:	: 		1					1		1		1		1				
			1				1	I -	1	1	1	I	ı	I	1						

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19.	Was the sobtained														Yes			Y —	Go to Item 21
															No			N	
20.	Identify a	ıll reas	ons th	e sec	ond	left	ankl	e blo	od p	ress	ure								
	measurei	ment v	vas no	ODE	ainec	1.									<u>Yes</u>			<u>No</u>	
	Second le	eft ank	le:				20	0a.	Unab	le to	осс	lude	:		. Y			N	
							2	0b. <i>i</i>	Ampı	utati	on: .			· · · · · · ·	. Y			N	
							2	0c. I	Unab	le to	loca	ite a	rtery	:	. Y			N	
							20	0d. (	Othe	r (ple	ease	spec	ify):		.Y			N —	Go to Item 21
	20e. Spe	cify:																	
					<u> </u>				<u> </u>		<u> </u>		<u> </u>	<u>                                       </u>		<u> </u> 	<u>                                       </u>		
21.	Was the s	second	l right	ankle	e blo	od p	ress	ure r	neas	uren	nent								
	obtained													· · · · · · •	Yes			Y —	Go to Item 23
															No			N	
22.	Identify a measure						t ank	de b	lood	pres	sure								
															<u>Yes</u>			<u>No</u>	
	Second ri	ight ar	ıkle:				27	2a.	Unab	le to	occ	lude	:		. Y			N	
							2	2b. /	Ampı	utati	on: .				. Y			N	
							2	2c. I	Unab	le to	loca	ite a	rtery	:	. Y			N	
							2	2d. (	Othe	r (ple	ease	spec	ify):		Y			N —	Go to Item 23
	22e. Spe	cify:																	
				I	I	I	I	l I	I	l I	l I	I I	<u> </u>	I	<u> </u>	I	I		

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23.	Was obta	the ained	seco ł?	nd a	rm b	lood	l pre	ssure	e me	asur	emer	nt 					Yes No			Y — N	Go to Item 25
24.	Ider mea	ntify asure	all re men	asor t was	ns the	e sed obt	cond aine	arm d.	bloc	od pr	essu	re									
																	<u>Yes</u>			<u>No</u>	
	Seco	ond a	arm:						24	4a.	Unab	le to	occ	lude	:	· · · · · ·	Υ			N	
									2	4b. I	Unab	le to	loca	ate a	rtery	: <b></b>	Υ			N	
									2	4c. (	Othe	r (pl	ease	spec	ify):		.Y			N —	Go to Item 25
	24d	. Sp	ecify																		
		1	 			 			l			 	l			 I	<u> </u>				
ADN	MINIS	TRA	TIVE	INFC	DRMA	ATIO	N					1	ī								
25.	Date	e of o	data	colle	ection	า:				<b>.</b>			/			/					
											m	m		d	d		У	У	У	У	
26.	Met	hod	of da	ita co	ollect	tion:										•	iter Torm			C P	

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27. Code number of person completing this form: ......