



# Ankle-Brachial Blood Pressure

FORM CODE: ABB  
VERSION A 08/07/2000

ID NUMBER:

CONTACT YEAR:

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. Does the participant have any open wounds in the ankle or arm cuff area? ..... Yes Y —   
No N
- 1b. Has the participant undergone bilateral amputation? ..... Yes Y —   
No N
- 1c. Is the participant unable to lay at <45 degree angle? ..... Yes Y —   
No N
- 1d. Has the participant had a double mastectomy? ..... Yes Y —   
No N

**B. MEASURES**

2. Arm cuff size: ..... Small adult (< 24 cm) S  
 Regular adult (24–32 cm) R  
 Large adult (33–41 cm) L  
 Thigh (>41 cm) T

- 3a. Arm used [RIGHT PREFERRED]: ..... Right R  
 Left L

Go to Item 4a

3b. Explain why right arm was not used:


- 4a. Right ankle cuff size: ..... Small adult (< 24 cm) S  
 Regular adult (24–32 cm) R  
 Large adult (33–41 cm) L  
 Thigh (>41 cm) T

- 4b. Left ankle cuff size: ..... Small adult (< 24 cm) S  
 Regular adult (24–32 cm) R  
 Large adult (33–41 cm) L  
 Thigh (>41 cm) T

5. Doppler systolic: .....   
 [\*ADD 30 TO GET MAXIMAL INFLATION LEVEL]

**+ 30** mm Hg\*

6. Maximal inflation level: .....

7. Brachial: ..... 

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 mm Hg

8. Right posterior tibia: ..... 

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 mm Hg

9. Left posterior tibia: ..... 

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 mm Hg

10. Left posterior tibia: ..... 

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 mm Hg

11. Right posterior tibia: ..... 

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 mm Hg

12. Brachial: ..... 

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 mm Hg

13. Was the first arm blood pressure measurement obtained? ..... Yes      Y — 

Go to Item 15
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No      N

14. Identify all reasons the first arm blood pressure measurement was not obtained.

Yes      No

First arm: ..... 14a. Unable to occlude: ..... Y      N

14b. Unable to locate artery: ..... Y      N

14c. Other (please specify): ..... Y      N — 

Go to Item 15
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14d. Specify:


15. Was the first right ankle blood pressure measurement obtained? ..... Yes Y — Go to Item 17  
No N

16. Identify all reasons the first right ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
First right ankle: ..... 16a. Unable to occlude: ..... Y	Y	N
16b. Amputation: ..... Y	Y	N
16c. Unable to locate artery: ..... Y	Y	N
16d. Other (please specify): ..... Y	Y	N — <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">Go to Item 17</span></span>

16e. Specify:


17. Was the first left ankle blood pressure measurement obtained? ..... Yes Y — Go to Item 19  
No N

18. Identify all reasons the first left ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
First left ankle: ..... 18a. Unable to occlude: ..... Y	Y	N
18b. Amputation: ..... Y	Y	N
18c. Unable to locate artery: ..... Y	Y	N
18d. Other (please specify): ..... Y	Y	N — <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">Go to Item 19</span></span>

18e. Specify:


19. Was the second left ankle blood pressure measurement obtained? ..... Yes Y — Go to Item 21  
No N

20. Identify all reasons the second left ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
Second left ankle: ..... 20a. Unable to occlude: ..... Y	Y	N
20b. Amputation: ..... Y	Y	N
20c. Unable to locate artery: ..... Y	Y	N
20d. Other (please specify): ..... Y	Y	N — <span style="border: 1px solid black; padding: 2px;">Go to Item 21</span>

20e. Specify:


21. Was the second right ankle blood pressure measurement obtained? ..... Yes Y — Go to Item 23  
No N

22. Identify all reasons the second right ankle blood pressure measurement was not obtained.

	<u>Yes</u>	<u>No</u>
Second right ankle: ..... 22a. Unable to occlude: ..... Y	Y	N
22b. Amputation: ..... Y	Y	N
22c. Unable to locate artery: ..... Y	Y	N
22d. Other (please specify): ..... Y	Y	N — <span style="border: 1px solid black; padding: 2px;">Go to Item 23</span>

22e. Specify:


23. Was the second arm blood pressure measurement obtained? ..... Yes Y — Go to Item 25  
 No N

24. Identify all reasons the second arm blood pressure measurement was not obtained.

Yes No

Second arm: ..... 24a. Unable to occlude: ..... Y N  
 24b. Unable to locate artery: ..... Y N  
 24c. Other (please specify): ..... Y N — Go to Item 25

24d. Specify:


**ADMINISTRATIVE INFORMATION**

25. Date of data collection: ..... 

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m	m		d	d		y	y	y	y

26. Method of data collection: ..... Computer C  
 Paper form P

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

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