

Ankle-Brachial Blood Pressure Instructions
ABB Version-A: 08/07/2000
QxQ Date: 02-22-2001

I. GENERAL INSTRUCTIONS

The Ankle-Brachial Blood Pressure (ABB) form is completed during the participant's baseline clinic visit in conjunction with either the carotid ultrasound or echocardiogram. The technician must be certified with training in the proper operation and application of the blood pressure apparatus and doppler. The technician should have a working knowledge of Manual 4: Blood Pressure. The technician should be familiar with the data entry procedures for electronic form versions and understand the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year and name should be completed as described in that document. Initiate the process by telling the participant about the ABB process, reading the script at the beginning of the form.

II. SPECIFIC INSTRUCTIONS

A. Exclusions

1. This item is intended to determine the presence of any reasons the ankle-brachial blood pressure procedure can not be completed. Exclusions include open wounds in the ankle or arm area (Item 1a), bilateral amputation of extremity(ies) (Item 1b), inability to lay on the table at an angle < 45 degrees (Item 1c), or a double mastectomy (Item 1d). For each possible exclusion, circle "Y" for yes or "N." For any "Y" response, conclude the procedure, informing the participant of the reason, and continue to Item 25.

B. Measures

2. This item is used to document the measurement of arm circumference and selection of appropriately sized blood pressure cuff. Circle the cuff size used for this participant.
3. This item records the arm used for blood pressure measurement. The right arm is preferred for this procedure. If the left arm is used, explain why the right arm was not used in the note boxes provided. For example, "right arm amputated above elbow."
4. This item is used to document the measurement of ankle circumference and selection of appropriately sized blood pressure cuff. Both the right and the left ankle are measured and an appropriately sized blood pressure cuff is

applied. Circle the cuff size for the right ankle in Item 4a. and for the left ankle in Item 4b.

5. Record the doppler systolic blood pressure in mm Hg using the procedure described in Manual 4: Blood Pressure.
6. Add 30 to the doppler systolic blood pressure in mm Hg to document the maximal inflation level.
7. Record first brachial doppler systolic blood pressure in mm Hg.
8. Record the first right posterior tibial systolic doppler blood pressure in mm Hg.
9. Record the first left posterior tibial systolic doppler blood pressure in mm Hg.
10. Record the second left posterior tibial systolic doppler blood pressure in mm Hg.
11. Record the second right posterior tibial systolic doppler blood pressure in mm Hg.
12. Record the second brachial doppler systolic blood pressure in mm Hg.
13. Mark "Y" if the first arm blood pressure was obtained and continue to Item 15.
14. If the first arm blood pressure was not taken, specify "Y" or "N" for each of the reasons listed and, if there was some "other" reason, specify in the note boxes provided.
15. Mark "Y" if the first right ankle blood pressure was obtained and continue to Item 17.
16. If the first right ankle blood pressure was not completed, specify "Y" or "N" for each the reasons listed and, if there was some "other" reason, specify in the note boxes provided.
17. Mark "Y" if the first left ankle blood pressure was obtained and continue to Item 19.
18. If the first left ankle blood pressure was not completed, specify "Y" or "N" for each the reasons listed and, if there was some "other" reason, specify in the note boxes provided.
19. Mark "Y" if the second left ankle blood pressure measurement was obtained and continue to Item 21.

20. If the second left ankle blood pressure was not completed, specify “Y” or “N” for each the reasons listed and, if there was some “other” reason, specify in the note boxes provided.
21. Specify “Y” if the second right ankle blood pressure measurement was obtained and continue to Item 23.
22. If the second right ankle blood pressure measurement was not completed, specify “Y” or “N” for each of the reasons listed and, if there was some “other” reason, specify in the note boxes provided.
23. Mark “Y” if the second arm blood pressure measurement was obtained and continue to Item 25.
24. If the second arm blood pressure measurement was not completed, specify “Y” or “N” for each of the reasons listed and, if there was some “other” reason, specify in the note boxes provided.

Administrative Information

25. Record the date of data collection using leading zeros as needed.
26. Record “C” if the form was completed on the computerized data entry system, or “P” if the paper form was used. If the form was completed partially on paper and partially on the computer, code as “P.”
27. Enter the 3-digit JHS code of the person completing this form.