

Ankle/Arm Blood Pressures and Waist Baseline and Follow-up Version 3

PID: 0

Acrostic: 0

Date Form Completed: d_form Administration Type: admin

Reviewed by: compby

Language: language

Section A: Ankle/Arm Blood Pressures

1. Supine Ankle/Arm Systolic Blood Pressure (mmhg)

SBP

a. Right arm

rsbp

b. Left arm

lsbp

c. Arm with
highest
pressure

arm_highbp

1 Right
2 Left

d. Right
dorsalis
pedis

rdp1

e. Right
tibialis
posterior

rtp1

f. Left
dorsalis
pedis

ldp1

g. Left tibialis
posterior

ltp1

h. Repeat high
pressure arm
(same arm
as in 1.c.)

arm2sbp1

i. Were blood pressures conducted according to protocol?

bp_prot

1 Yes
2 No

→ If no, Why

not? prot_sp

Technician ID: techid1

Waist

2. Waist Circumference

Measure1

Measure2

Measure3

waistcm1

cm

waistcm2

cm

waistcm3

cm

Technician ID: techid2

ANKLE-ARM BLOOD PRESSURES AND WAIST - ANNUAL

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> / <input type="text"/> / <input type="text"/>				
		Month	Day	Year			
Administration Type	<input type="text"/>	Visit Code	<input type="text"/>	Reviewed by	<input type="text"/>	Language	E

A. Ankle-Arm Blood Pressures

1. Supine Ankle/Arm Systolic Blood Pressure (mmHg)

SBP

a. Right Arm

b. Left Arm

c. Arm with highest pressure
 Right
 Left

d. Right dorsalis pedis

e. Right tibialis posterior

f. Left dorsalis pedis

g. Left tibialis posterior

h. Repeat high pressure arm (same arm as in 1.c)

i. Were blood pressures conducted according to protocol?

1 Yes

2 No → Why not?

Technician ID:

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B. ABI Calculation
(Not for data entry)

Right ABI:

A. Higher right ankle pressure: _____ (1.d or 1.e)

B. Higher arm pressure: _____ (1.a or 1.b)

Right ABI: $\frac{\text{(A)}}{\text{(B)}} =$

Left ABI:

C. Higher left ankle pressure: _____ (1.f or 1.g)

D. Repeat arm pressure: _____ (1.h)

Left ABI: $\frac{\text{(C)}}{\text{(D)}} =$

Waist

2. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.5 cm.

Waist Circumference Measure 1 Measure 2 Measure 3

	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
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Technician ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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