



HCHS/SOL Ankle Arm Blood Pressure

ID NUMBER:

FORM CODE: ABP
VERSION: A 9/14/07

Contact Occasion SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. If measure is unobtainable, enter the special missing value, “=”, in the item.

1. Systolic Readings: (Record in this order)

Systolic (mm Hg)

- a. Right brachial
- b. Right dorsalis pedis
- c. Right posterior tibial
- d. Left posterior tibial
- e. Left dorsalis pedis
- f. Left brachial

2. All Procedures were:

Completed successfully 1 → **END QUESTIONNAIRE**
Not completed 0

3. Reason procedure was not completed with all measures:

- a. Occlusion failure No 0 Yes 1
- If “Yes”, failure, specify: (1) R. dorsalis pedis No 0 Yes 1
- (2) R. posterior tibial No 0 Yes 1
- (3) L. posterior tibial No 0 Yes 1
- (4) L. dorsalis pedis No 0 Yes 1
- b. Amputation No 0 Yes 1
- c. Discomfort No 0 Yes 1
- d. Ulceration or lesion No 0 Yes 1
- e. Other (specify in note log) No 0 Yes 1