



# 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