

This page is taken from Offspring Exam 9 and Omni 1 Exam 4

Ankle Brachial Blood Pressure Measurements. Participants ≥ 40 years Dataset name: **t_aabp_ex09_1b_0948d**

| | |
|---|------------------------------------|
| <input type="checkbox"/> j800 Check here if whole page is blank | Reason why _____ j801 _____ |
| <input type="text"/> j802 Technician Number for Doppler Ankle Brachial Blood Pressure. | |

| | |
|---|----------------|
| <input type="checkbox"/> j803 Have you had any problems with blood clots in your legs? | 0=No, 1=Yes |
| If yes, fill <input type="checkbox"/> j804 Are you being treated for this problem now? | |

| | |
|---|--------------------------------|
| <input type="checkbox"/> j805 Cuff size, arm | 0= pediatric, 1= regular adult |
| <input type="checkbox"/> j806 Cuff size, ankle | 2= large adult, 3= thigh |

| | |
|--|--|
| <input type="text"/> j807 Right arm | 300= \geq 300 mmHg 888= Not Done 999= Unk. |
| <input type="text"/> j808 Right ankle | |
| <input type="text"/> j809 Left ankle | |
| <input type="text"/> j810 Left arm | |

REPEAT SYSTOLIC BLOOD PRESSURE MEASUREMENTS (reverse order)

| | |
|--|--|
| <input type="text"/> j811 Left arm | 300= \geq 300 mmHg 888= Not Done 999= Unk. |
| <input type="text"/> j812 Left ankle | |
| <input type="text"/> j813 Right ankle | |
| <input type="text"/> j814 Right arm | |

THIRD SYSTOLIC BLOOD PRESSURE MEASUREMENT (order as in repeat SBP). To be obtained if initial and repeat SBP at any site differ by more than 10 mmHg. For site that differs.

| | |
|--|--|
| <input type="text"/> j815 Right arm | 300= \geq 300 mmHg 888= Not Done 999= Unk. |
| <input type="text"/> j816 Right ankle | |
| <input type="text"/> j817 Left ankle | |
| <input type="text"/> j818 Left arm | |

| | |
|--|--|
| <input type="checkbox"/> j819 Right Ankle blood pressure site | 0= posterior tibial (ankle) |
| <input type="checkbox"/> j820 Left Ankle blood pressure site | 1= dorsalis pedis (foot) 8=Not Done |

EXCLUSIONS:

Enter exclusion **ONLY** if there is an 888 above

| Right | Left | |
|--|--------------------------------------|--|
| <input type="checkbox"/> j821 | <input type="checkbox"/> j822 | Lower Extremity Exclusions 1= venous stasis ulceration, or DVT 2= amputation, 3= other _____ j823 _____ |
| <input type="checkbox"/> j824 | <input type="checkbox"/> j825 | Upper Extremity Exclusions 1=Mastectomy, 3= Other _____ j826 _____ |
| <input type="checkbox"/> j827 | | |
| Check if Protocol modification, write in _____ j828 _____ | | |
| Comments _____ | | |

TECH17