

REPRODUC

Reproducibility 0 = original
7 = repeat
8 = call back



EXAM

FORM FOR RECORDING ANKLE BLOOD PRESSURE MEASUREMENTS:

____ ID **ID**
(1-4)

____ DATE OF EXAM (mm/dd/yy) **EDATE**
(5-10)

____ SITE (1=HEART CLINIC 2=NURSING HOME 3=HOME 4=OTHER) **SITE**
(11)

____ EXAMINER NUMBER **ENUMBER**
(12-13)

SYSTOLIC BLOOD PRESSURES BY DOPPLER (to be taken in the following order with the subject supine after 5 minutes of rest)

____ RIGHT ARM **R-ARM**
(14-16)

____ CUFF SIZE **C-SIZE**
(17)

0=standard adult
1=large adult
2=small adult

____ LEFT ARM **L-ARM**
(18-20)

IF DORSALIS PEDIS USED:

____ RIGHT ANKLE **R-ANKLE**
(21-23)

____ RIGHT ANKLE **R-AN-DP**
(24-26)

____ LEFT ANKLE **L-ANKLE**
(27-29)

____ LEFT ANKLE **L-AN-DP**
(30-32)

REPEAT SYSTOLIC BLOOD PRESSURE MEASUREMENTS (note reverse order):

____ LEFT ANKLE **L-AN-REP**
(33-35)

____ RIGHT ANKLE **R-AN-REP**
(36-38)

____ LEFT ARM **L-AR-REP**
(39-41)

____ RIGHT ARM **R-AR-REP**
(42-44)

LOWER EXTREMITY EXCLUSIONS:
0=none
1=venous stasis ulceration
2=amputation
3=other _____

RIGHT LEFT
____ **RLE-EXCL** ____ **LLE-EXCL**
(45) (46)

UPPER EXTREMITY EXCLUSIONS
0=none 1=amputation
2=OTHER _____

____ **RUE-EXCL** ____ **LUE-EXCL**
(47) (48)