



Ankle-Arm Blood Pressure

Id#: IDNO

Acrostic: ACROSTIC

Date:

Month

Day

Year

**Pulse Obliteration Pressure:**

*Inflate the cuff slowly until the pulse is no longer audible. Inflate to 30 mm Hg above the level at which pulse sound disappeared.*

**1 Systolic Readings:**

Record in this order

	Systolic
Right brachial	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>RBRACH1</b>
Right dorsalis pedis	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>RDPEDIS1</b>
Right posterior tibial	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>RPTIB1</b>
	Systolic
Left dorsalis pedis	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>LDPEDIS1</b>
Left posterior tibial	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>LPTIB1</b>
Left brachial	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>LBRACH1</b>

**2 Procedure was: AABPCMP1**

- 1  Completed successfully → Skip to Technician ID
- 0  Not completed → Continue to #3

**3 Reason procedure was not completed:**

<b>RIGHT SIDE:</b>	<b>YES</b>	<b>NO</b>	
Unable to occlude	1 <input type="radio"/>	0 <input type="radio"/>	<b>RLUOCC1</b>
Ulceration	1 <input type="radio"/>	0 <input type="radio"/>	<b>RLULCER1</b>
Amputation	1 <input type="radio"/>	0 <input type="radio"/>	<b>RLAMPUT1</b>
Unable to locate DP	1 <input type="radio"/>	0 <input type="radio"/>	<b>RULOCDP1</b>
Unable to locate PT	1 <input type="radio"/>	0 <input type="radio"/>	<b>RULOCPT1</b>

Other:  **RLTXT1**

<b>LEFTSIDE:</b>	<b>YES</b>	<b>NO</b>	
Unable to occlude	1 <input type="radio"/>	0 <input type="radio"/>	<b>LLUOCC1</b>
Ulceration	1 <input type="radio"/>	0 <input type="radio"/>	<b>LLULCER1</b>
Amputation	1 <input type="radio"/>	0 <input type="radio"/>	<b>LLAMPUT1</b>
Unable to locate DP	1 <input type="radio"/>	0 <input type="radio"/>	<b>LULOCDP1</b>
Unable to locate PT	1 <input type="radio"/>	0 <input type="radio"/>	<b>LULOCPT1</b>

Other:  **LLTXT1**

Technician ID#:  **AABPTID1**

Reviewer ID#:  **AABPRID1**

Data Entry ID #  **AABPDID1**