



Ankle Brachial Index

Participant Id#:

Acrostic:

Tech ID#:

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Date:

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Month

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Day

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Year

Pulse Obliteration Pressure

Inflate the cuff slowly until the pulse is no longer audible. Inflate to 20 mm Hg above the level at which pulse sound disappeared.

1. Systolic Readings: (Record in this order)

Right

Brachial

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Not Done

→

----- Reason Not Done -----

<u>Amputation</u>	<u>Discomfort</u>	<u>Ulceration/ Lesion</u>	<u>Other</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify:

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Dorsalis Pedis

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→

<u>Amputation</u>	<u>Discomfort</u>	<u>Ulceration/ Lesion</u>	<u>Other</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Posterior Tibial

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→

<u>Amputation</u>	<u>Discomfort</u>	<u>Ulceration/ Lesion</u>	<u>Other</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Left

Posterior Tibial

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→

<u>Amputation</u>	<u>Discomfort</u>	<u>Ulceration/ Lesion</u>	<u>Other</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Dorsalis Pedis

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→

<u>Amputation</u>	<u>Discomfort</u>	<u>Ulceration/ Lesion</u>	<u>Other</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Brachial

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→

<u>Amputation</u>	<u>Discomfort</u>	<u>Ulceration/ Lesion</u>	<u>Other</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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