Participant ID: **RC ID:**

Site:

CRF Date:

ANKLE BRACHIAL INDEX (ABI) ASSESSMENT

1. Time at start of assessment:	_____:_____ (Military Time i.e. 13:30)	
2. Date of measurement:	_____/_____/_____ (mm/dd/yyyy)	
3. Blood Pressure (systolic only)		
a. Right brachial pressure (first)	_____ (mm Hg)	☐ Not measured
a1. Right brachial pressure (repeat)	_____ (mm Hg)	
a2. Right brachial pressure (final)	_____ (mm Hg)	
b. Right posterior tibial artery (PTA):	_____ (mm Hg)	☐ Not measured
b1. Right posterior tibial artery (PTA repeat):	_____ (mm Hg)	
b2. Right posterior tibial artery (PTA final):	_____ (mm Hg)	
c. Right dorsalis pedis artery (DPA):	_____ (mm Hg)	☐ Not measured
c1. Right dorsalis pedis artery (DPA repeat):	_____ (mm Hg)	
c2. Right dorsalis pedis artery (DPA final):	_____ (mm Hg)	
d. Left brachial pressure:	_____ (mm Hg)	☐ Not measured
d1. Left brachial pressure (repeat):	_____ (mm Hg)	
d2. Left brachial pressure (final):	_____ (mm Hg)	
e. Left posterior tibial artery (PTA):	_____ (mm Hg)	☐ Not measured
e1. Left posterior tibial artery (PTA repeat):	_____ (mm Hg)	
e2. Left posterior tibial artery (PTA final):	_____ (mm Hg)	

ANKLE BRACHIAL INDEX (ABI) ASSESSMENT

f. Left dorsalis pedis artery (DPA):	_____ (mm Hg)	☐ Not measured
f1. Left dorsalis pedis artery (DPA repeat):	_____ (mm Hg)	
f2. Left dorsalis pedis artery (DPA final):	_____ (mm Hg)	
4. Ankle Brachial Index (ABI): ***Note:*** *ABI is not for calculation on the MEU and will derived from primary Blood Pressure (BP)*	_____ (mm Hg)	☐ Not measured
a. Right Ankle Brachial Index:	_____ (mm Hg)	☐ Not measured
b. Left Ankle Brachial Index:	_____ (mm Hg)	☐ Not measured
5. Time at end of assessment:	_____:_____ (Military Time i.e. 13:30)	