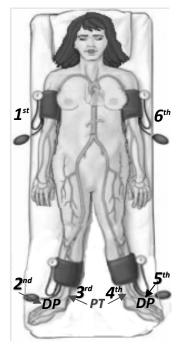
WOMEN'S INTERAGENCY HIV STUDY ARTERIAL BRACHIAL INDEX MEASUREMENT FORM (ABI)

A1.	PARTICIPANT ID:	- _ _ - - -
A2.	WIHS STUDY VISIT #:	III
A3.	FORM VERSION:	10/02/13
A4.	DATE OF INTERVIEW:	_ / / Y
A5.	CLINICIAN'S INITIALS:	
A6.	TIME MODULE BEGAN	: AM 1 PM 2
A7.	MEASUREMENTS:	1 141 2



	Location	Systolic Pressure (mmHg)
a.	1 st - Right arm	
b.	2 nd - Right foot - Dorsalis Pedis	
c.	3 rd - Right ankle - Posterior Tibial	
d.	4 th - Left ankle - Posterior Tibial	
e.	5 th - Left foot - Dorsalis Pedis	
f.	6 th - Left arm	

NOTE: If you are unable to locate a pulse after at least 3 minutes of trying, record "000" and move onto next measurement. If pulse is not obliterated by 300 mm Hg, record "300" as the pressure measurement. If a lesion is visible that could interfere with measurements or equipment, or if there is another reason for inaccurate values other than listed above, record "999" and move onto next measurement.

A8.	FOR MISSING VALUES, EXPLAIN THE REASON:				
	No missing values Lesion visible that could interfere with measurements or equipment Other				
	Please specify:				
A9.	TIME MODULE ENDED	:	AM 1 PM 2		