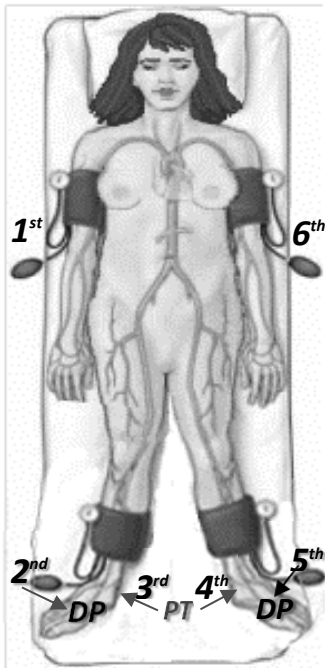


**WOMEN'S INTERAGENCY HIV STUDY
ARTERIAL BRACHIAL INDEX MEASUREMENT FORM (ABI)**

- A1. PARTICIPANT ID: |_|-|_|_|_|-|_|_|_|_|-|_|_|
- A2. WIHS STUDY VISIT #: |_|_|
- A3. FORM VERSION: **04/01/15**
- A4. DATE OF INTERVIEW: |_|_|/|_|_|/|_|_|
M D Y
- A5. CLINICIAN'S INITIALS: |_|_|_|
- A6. TIME MODULE BEGAN |_|_|:|_|_| AM 1
PM..... 2
- A7. MEASUREMENTS:



	Location	i. Is limb circumference too large for largest cuff size?	ii. Cuff size used	iii. Systolic Pressure (mmHg)
a.	1 st - Right arm	YES.....1 (b) NO.....2	12 cm....1 16 cm....2 20 cm....3	_ _ _
b.	2 nd - Right foot - Dorsalis Pedis	YES.....1 (c) NO.....2	12 cm....1 16 cm....2 20 cm....3	_ _ _
c.	3 rd - Right ankle - Posterior Tibial	YES.....1 (d) NO.....2	12 cm....1 16 cm....2 20 cm....3	_ _ _
d.	4 th - Left ankle - Posterior Tibial	YES.....1 (e) NO.....2	12 cm....1 16 cm....2 20 cm....3	_ _ _
e.	5 th - Left foot - Dorsalis Pedis	YES.....1 (f) NO.....2	12 cm....1 16 cm....2 20 cm....3	_ _ _
f.	6 th - Left arm	YES.....1 (A8) NO.....2	12 cm....1 16 cm....2 20 cm....3	_ _ _

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..... 1 (A9)
- Lesion visible that could interfere with measurements or equipment 2 (A9)
- Other 3
- Please specify: _____

- A9. TIME MODULE ENDED |_|_|:|_|_| AM 1
PM..... 2