

# KERR

HEALTH CARE CENTER

## Ankle-Brachial Index (ABI) Test

*Please complete the following:*

Name	
Address	
City, State, Zip	
Phone #	
Birthdate	
Physician	

### How the ABI test works:

You will be asked to lie on your back and blood pressure cuffs will be placed around your arms and ankles. The cuffs will be inflated to measure your blood pressure with a Doppler device. Your ABI measurement, along with your answers to the attached questions, will allow your physician to determine if you have Peripheral Artery Disease (PAD).

### Consent and Release:

Your ABI score and risk factors will be shared with your doctor and may be used for study purposes, but your name and all identifying information will be removed. Your signature below indicates that you have read and understand the above information.

**Signature** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

## ABI Test Risk Assessment

Please check "yes" or "no" to answer these questions.	YES	NO
Do you smoke?		
Have you smoked in the past?		
Are you 70 or older?		
Do you have diabetes?		
Does your mom, dad, sister, or brother have diabetes or heart disease (stroke or heart attack)?		
Do you have high blood pressure or take a medication to treat high blood pressure?		
Have you ever had a heart attack?		
Have you ever had a stroke, mini-stroke, or transient ischemic attack (TIA)?		
Has your doctor ever told you that you have Peripheral Artery Disease?		
Has your doctor ever told you that you have Intermittent Claudication?		
Do you have high cholesterol or high triglycerides?		
Do you take a medicine to treat your cholesterol?		
Do you have aching, cramping, or pain in your legs when you walk or exercise, but then the pain goes away after you rest?		
Do you have pain in your toes or feet at night?		
Do you have any ulcers or sores on you feet or legs that are slow in healing?		
Do you have an inactive lifestyle?		
How tall are you?		
How much do you weigh?		

**FOR PHARMACIST USE ONLY:**

WOMEN:  $IBW = 45.5kg + (2.3 \times \text{height in inches} > 5 \text{ feet})$

MEN:  $IBW = 50kg + (2.3 \times \text{height in inches} > 5 \text{ feet})$

Weight in kg x 2.2 = weight in lbs

Patient age		Patient's IBW (lbs)			
ABI result		Actual Body weight (lbs)			
If ABI < 0.90, list date letter sent to MD		Is the patient 25 or more pounds overweight?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO				

**After you have had your ABI test done, please answer the following questions so that we may determine how to better serve you.**

1. Where was your ABI test done today (circle one)?

*Pharmacy*

*Health fair*

*Doctor's office*

*Other: \_\_\_\_\_*

2. Do you think this location is appropriate for this test to be conducted?

*YES*

*NO*

3. Before today, did you know that pharmacists could provide a test such as the ABI test?

*YES*

*NO*

4. How satisfied are you with the explanation and education you received from the pharmacist about your ABI test?

*Very satisfied*

*Somewhat satisfied*

*Not satisfied*

5. How much did you pay for your ABI test today? \_\_\_\_\_

6. How much would you be willing to pay for the ABI test and education that you received today? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your time ☺*