

**WOMEN'S INTERAGENCY HIV STUDY
CARDIOVASCULAR SUBSTUDY
CAROTID ULTRASOUND TRACKING FORM (CV01)
QUESTION-BY-QUESTION SPECIFICATIONS**

Enter the participant's WIHSID and the visit number.

Enter the initials of the person completing the form.

The version date will be pre-printed on the form.

- A1. Enter the date of the carotid ultrasound visit.
- A2. Enter the time the visit started. Circle "AM" or "PM," as appropriate.
- A3. Circle the appropriate code based on whether the ultrasound is being performed at baseline (during visits 20 through 23) or at follow-up (during visit 26), and whether or not it is being performed as part of the quality control protocol. Skip to question A4 if "BASELINE" is selected as the scan type. Otherwise, record the image ID# in question A3a.
- a. The USC Reading Center will provide the Image ID# for quality control and follow-up scans only. Record the Image ID# provided by the USC Reading Center.
- A4 a. Record the videotape number.
- b. Record the date the videotape was sent to the USC Reading Center.
- A5. Circle the appropriate code for the ultrasound and probe used by your site. If the equipment listed for your site is not correct, circle code "7" (other) and specify the equipment used for the ultrasound scan.
- A6. Circle "YES" or "NO" to indicate whether or not each procedure was completed. If any procedure was not completed, indicate the reason in subquestion i.
- A7. Indicate whether or not imaging lesions are present. If "NO," skip to question A8.
- a. Record the location of present imaging lesions.
- b. Record any comments about present imaging lesions.
- A8. Indicate whether or not a clinic alert was indicated by the exam. If "NO," skip to question A9.

PROMPT: IF RESPONSE TO QUESTION A8 IS "YES," ULTRASOUND TECHNICIAN SHOULD SEND TAPE TO READING CENTER AT USC IMMEDIATELY AND COMPLETE COMMENTS FIELD BELOW WITH DESCRIPTION OF CONDITION REQUIRING ALERT.

- a. Describe condition requiring alert.
- A9. Supine blood pressure should be read five times post-scan. NOTE: The technician should always wait for 60 seconds before taking the next blood pressure measurement. Record the systolic and diastolic pressures and the heart rate.
- A10. Indicate whether or not there were any problems associated with obtaining the carotid ultrasound. If "NO," skip to section B.
- a. Describe any problems associated with obtaining the carotid ultrasound.

B. QUESTIONS FOR PARTICIPANT

- B1. As the participant if she is currently taking any prescription medicine(s) to treat heart disease, high blood pressure or hypertension. If she replies "NO," skip to question B2.

- a. Record the date and time when the participant reports last taking any of these medications. Circle “AM” or “PM.”
- B2. Record the time the carotid ultrasound visit ended. Circle “AM” or “PM.”

C. CONTACT INFORMATION

NOTE: CONTACT INFORMATION WILL BE COLLECTED BUT NOT ENTERED INTO APOLLO.

- C1. Enter the site name, address, contact person, phone and fax numbers for the WIHS clinic at which the participant was enrolled.
- C2. Enter the laboratory name, address, contact person, phone and fax numbers for the ultrasound laboratory.
- C3. Ultrasonographer should sign form here.
- C4. Ultrasonographer should print name here.