

**SPANISH VERSION  
WOMEN'S INTERAGENCY HIV STUDY  
CARDIOVASCULAR SUBSTUDY  
CAROTID ULTRASOUND TRACKING FORM (CV01)**

ID LABEL  
HERE --->

□ - □□ - □□□□ - □

WIHS VISIT #:

\_\_\_ \_\_\_

FORM COMPLETED BY:

\_\_\_ \_\_\_ \_\_\_

VERSION DATE **10/01/04**

A1. DATE OF CAROTID ULTRASOUND VISIT:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

A2. TIME VISIT STARTED:

□□ : □□ AM ..... 1  
PM ..... 2

A3. CAROTID ULTRASOUND TYPE

- BASELINE ..... 1 **(A4)**
- FOLLOW-UP ..... 2
- BASELINE QUALITY CONTROL ..... 3
- FOLLOW-UP QUALITY CONTROL ..... 4

**NOTE:** THE USC READING CENTER WILL PROVIDE IMAGE ID FOR QUALITY CONTROL AND FOLLOW-UP SCANS ONLY.

a. IMAGE ID#: \_\_\_\_\_

A4. a. VIDEOTAPE #:

\_\_\_\_\_

b. DATE VIDEOTAPE SENT TO USC:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

A5. ULTRASOUND EQUIPMENT USED (CIRCLE APPROPRIATE CODE):

- Bronx:** US – Philips US ATL5000 (SN 4000-0318-06); probe – Sedon (SN D8500-0030-01) ..... 1
- Brooklyn:** US – Philips, Model SONOS 550 (SN 9708A04148); probe – Agilent 11-3L, Model 21356A (SN US99301470) ..... 2
- Washington DC:** US – Philips, model M2424A (SN US97806979); probe – HP, model 21258B 7.5/5 MHz (SN 3328A00214) ..... 3
- Los Angeles:** US – ATL Apogee 800 Plus (SN 00KYQW); probe: Linear 5 MHz (SN 7-4L40) ..... 4
- San Francisco:** US – Sequoia 512 (SN 55258); probe – 8L54116 (SN 10391001) ..... 5
- Chicago:** US – Philips/Agilent/HP Sonos 5500 (SN US 97804479); probe: Hewlett Packard 11-3L, model 21356A (SN US 99300303) ..... 6

**OTHER** ..... 7

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Empty box for WIHS ID #]

A6. WAS PROCEDURE COMPLETED (CIRCLE YES OR NO FOR EACH)?

	<u>YES</u>	<u>NO</u>	<u>i. REASON NOT COMPLETED</u>
a. ECG TRACE DISPLAY ON SCREEN..... 1 (b)	2		_____
b. RIGHT CCA IMT SCAN..... 1 (c)	2		_____
c. RIGHT CAROTID BIF IMT SCAN..... 1 (d)	2		_____
d. RIGHT ICA IMT SCAN..... 1 (e)	2		_____
e. RIGHT ECA IMT SCAN..... 1 (A7)	2		_____

A7. IMAGING LESIONS PRESENT?

YES ..... 1  
 NO ..... 2 (A8)

- a. LOCATION: \_\_\_\_\_  
 b. COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

A8. WAS THERE A CLINICAL ALERT?

YES ..... 1  
 NO ..... 2 (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. COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

A9. SUPINE BLOOD PRESSURE READINGS (POST-SCAN).

**NOTE: ALWAYS WAIT FOR 60 SECONDS BEFORE TAKING THE NEXT MEASUREMENT.**

	a. SYSTOLIC	b. DIASTOLIC	c. HR
1.	_ _ _	/  _ _ _	_ _ _
2.	_ _ _	/  _ _ _	_ _ _
3.	_ _ _	/  _ _ _	_ _ _
4.	_ _ _	/  _ _ _	_ _ _
5.	_ _ _	/  _ _ _	_ _ _

A10. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE CAROTID ULTRASOUND?

YES ..... 1  
 NO ..... 2 (SECTION B)

- a. COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

[Empty box for WIHS ID #]

**B. QUESTIONS FOR PARTICIPANT**

B1. ¿Está actualmente tomando algún(os) medicamento(s) recetado(s) para tratar una enfermedad cardíaca, alta presión vascular o hipertensión?

YES ..... 1  
NO ..... 2 (B2)

a. ¿Cuándo tomó estos medicamentos por última vez?

\_\_\_ / \_\_\_ / \_\_\_ : \_\_\_ : \_\_\_ AM ..... 1  
M D Y PM ..... 2

B2. TIME VISIT ENDED:

\_\_\_ : \_\_\_ : \_\_\_ AM ..... 1  
PM ..... 2

**C. CONTACT INFORMATION**

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

C1. CLINIC CONTACT INFORMATION:

- a. SITE NAME: \_\_\_\_\_
- b. ADDRESS: \_\_\_\_\_
- c. NAME OF CONTACT PERSON: \_\_\_\_\_
- d. PHONE: \_\_\_\_\_
- e. FAX: \_\_\_\_\_

C2. ULTRASOUND LAB CONTACT INFORMATION:

- a. ULTRASOUND LAB NAME: \_\_\_\_\_
- b. ADDRESS: \_\_\_\_\_
- c. NAME OF CONTACT PERSON: \_\_\_\_\_
- d. PHONE: \_\_\_\_\_
- e. FAX: \_\_\_\_\_

C3. ULTRASONOGRAFHER SIGNATURE: \_\_\_\_\_

C4. ULTRASONOGRAFHER PRINTED NAME: \_\_\_\_\_