

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

ID LABEL
HERE --->

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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 5500 (SN 9708A04148); probe – Agilent 11-3L,
 model 21356A (SN US99301470) 2
Washington DC: US – Philips, model M2424A (SN US97806979); probe – Philips 11-3L,
 model 21356A (SN 02DG72) 8
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: _____

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: _____

WIHS ID #

Empty box for WIHS ID #

B. QUESTIONS FOR PARTICIPANT

B1. Are you currently taking any prescription medicine(s) to treat heart disease, high blood pressure or hypertension?

YES 1
NO 2 **(B2)**

a. When did you last take any of these medications?

 ___ ___ / ___ ___ / ___ ___ |_|_| : |_|_| 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. ULTRASONOGRAPHER SIGNATURE:

C4. ULTRASONOGRAPHER PRINTED NAME:
