

**SPANISH VERSION
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 550 (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

OTHER7

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: _____

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. ULTRASONOGRAHER SIGNATURE: _____

C4. ULTRASONOGRAHER PRINTED NAME: _____