WOMEN'S INTERAGENCY HIV STUDY

METABOLIC STUDY: MS03 PARTICIPANT DATA LOG

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

WIHS VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **04/01/03**

A1. DATE OF DXA SCAN: ___ ___ / ___ ___ / ___ ___
M D Y

A2. WAS AT LEAST ONE DXA SCAN PERFORMED?

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

A3. WAS SITE SCANNED?

	YES	NO
a. SPINE AP	1	2
b. LEFT HIP	1	2
c. WHOLE BODY	1	2

A4. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE SPINE AP SCAN?

YES.....1
NO.....2 **(A6)**

A5. PROBLEMS ENCOUNTERED

	YES	NO
a. PARTICIPANT UNCOOPERATIVE	1	2
b. PARTICIPANT HAVING DIFFICULTY REMAINING STILL	1	2
c. EQUIPMENT PROBLEM	1	2
d. POSITIONING PROBLEM	1	2
e. OTHER	1	2 **(A6)**

SPECIFY REASON:_____

A6. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE LEFT HIP SCAN?

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

WIHS ID #

A7. PROBLEMS ENCOUNTERED

	YES	NO
a. PARTICIPANT UNCOOPERATIVE	1	2
b. PARTICIPANT HAVING DIFFICULTY REMAINING STILL	1	2
c. EQUIPMENT PROBLEM	1	2
d. POSITIONING PROBLEM	1	2
e. OTHER	1	2 **(A8)**

SPECIFY REASON:_____

A8. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE WHOLE BODY SCAN?

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

A9. PROBLEMS ENCOUNTERED

	YES	NO
a. PARTICIPANT UNCOOPERATIVE	1	2
b. PARTICIPANT HAVING DIFFICULTY REMAINING STILL	1	2
c. EQUIPMENT PROBLEM	1	2
d. POSITIONING PROBLEM	1	2
e. OTHER	1	2 **(SECTION B)**

SPECIFY REASON:_____

B. ADMINISTRATIVE MATTERS

1. COMMENTS:

_____

_____

_____

_____

2. DXA TECHNOLOGIST ID #: |___|___|___|___|