WOMEN'S INTERAGENCY HIV STUDY
FORM ECHOTW: ECHO TECHNICIAN WORKSHEET

SECTION 1: TO BE FILLED OUT BY COORDINATOR OR SONOGRAPHER.

A1. PARTICIPANT ID: |___|-|___|___|-|___|___|___|___|-|___|

A2. WIHS CORE VISIT NUMBER DURING WHICH ECHO IS COMPLETED: |___|___|

A3. FORM VERSION: **0 2 / 2 2 / 1 8**

A4. FORM COMPLETED BY: |___|___|___|

A5. DATE: |___|___| / |___|___| / |___|___|
M D Y

A6. DOES PARTICIPANT AGREE TO PARTICIPATE IN THE ECHO STUDY?

YES ..... 1 **(A7)**
NO 2

a. WHY NOT?

SAFETY CONCERN.....1 **(END FORM)**
PARTICIPANT DECLINED.....2 **(END FORM)**
PARTICIPANT DID NOT HAVE TIME.....3 **(END FORM)**
OTHER REASON.....4

SPECIFY: _____ **(END FORM)**

A7. What is your current age? |___|___| YEARS

A8. What is your current height? |___|___| . |___|___| IN

A9. What is your current weight? |___|___|___| LBS

A10. Do you have previous cardiac (heart) history?

Yes 1
No 2

SECTION 2: TO BE FILLED OUT BY SONOGRAPHER.

A11. FIRST BLOOD PRESSURE:

a. SYSTOLIC: |___|___|___|

b. DIASTOLIC: |___|___|___|

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A12. SECOND BLOOD PRESSURE:

a. SYSTOLIC: |___|___|___|

b. DIASTOLIC: |___|___|___|

A13. HEART RATE: |___|___|___|

PROMPT: IF AVERAGE SYSTOLIC BP ≥ 200 MM HG OR DIASTOLIC BP ≥ 110, ASK PARTICIPANT TO REST QUIETLY FOR 5 ADDITIONAL MINUTES AND REPEAT TWO BLOOD PRESSURE MEASUREMENTS. IF AVERAGE REMAINS ABOVE LIMIT, CANCEL ECHOCARDIOGRAM AND CONSULT WITH CLINICIAN (CARDIOLOGIST, PERSONAL PHYSICIAN, WIHS CLINICIAN) FOR DISPOSITION (E.G., EMERGENCY DEPARTMENT, PHYSICIAN'S OFFICE). DO THE SAME IF HEART RATE < 40 BPM OR ≥ 120 BPM.

WERE IMAGES OBTAINED FOR THE FOLLOWING COMPONENTS OF THE EXAM?

	YES	NO
A14. PLAX:		
a. 2D……	1 **(b)**	2
IF NO, PLEASE EXPLAIN: _____		
b. COLOR (MV, AV) ……	1 **(A15)**	2
IF NO, PLEASE EXPLAIN: _____		

	YES	NO
A15. PSAX:		
a. 2D (AV, TV, PV)……	1 **(b)**	2
IF NO, PLEASE EXPLAIN: _____		
b. COLOR (AV, PV, TV) ……	1 **(c)**	2
IF NO, PLEASE EXPLAIN: _____		
c. DOPPLER (AV, TV, PV)……	1 **(d)**	2
IF NO, PLEASE EXPLAIN: _____		
d. 2D (LV BASE, MID, APEX) ……	1 **(e)**	2
IF NO, PLEASE EXPLAIN: _____		
e. M-MODE (LV BASE) ……	1 **(A16)**	2
IF NO, PLEASE EXPLAIN: _____		

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A16. APICAL 4-CHAMBER: **YES** **NO**

a. 2D (LV, LA) ..... 1 **(b)** 2

IF NO, PLEASE EXPLAIN: _____

b. COLOR (MV) ..... 1 **(c)** 2

IF NO, PLEASE EXPLAIN: _____

c. DOPPLER (MV, RUPV) ..... 1 **(d)** 2

IF NO, PLEASE EXPLAIN: _____

d. TDI (LATERAL, SEPTAL, RIGHT)..... 1 **(e)** 2

IF NO, PLEASE EXPLAIN: _____

e. 2D, TAPSE (RV) ..... 1 **(f)** 2

IF NO, PLEASE EXPLAIN: _____

f. COLOR , DOPPLER (TV) ..... 1 **(A17)** 2

IF NO, PLEASE EXPLAIN: _____

YES **NO**

A17. APICAL 5-CHAMBER:

a. 2D ..... 1 **(b)** 2

IF NO, PLEASE EXPLAIN: _____

b. COLOR, DOPPLER (AORTO-MITRAL, LVOT, AV)..... 1 **(A18)** 2

IF NO, PLEASE EXPLAIN: _____

YES **NO**

A18. APICAL 2-CHAMBER:

a. 2D (LV, LA)..... 1 **(b)** 2

IF NO, PLEASE EXPLAIN: _____

b. COLOR, DOPPLER (MV) ..... 1 **(A19)** 2

IF NO, PLEASE EXPLAIN: _____

YES **NO**

A19. APICAL 3-CHAMBER:

a. 2D..... .....1 **(b)** 2

IF NO, PLEASE EXPLAIN: _____

b. COLOR (MV, AV) ..... 1 **(c)** 2

IF NO, PLEASE EXPLAIN: _____

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	YES	NO
c. DOPPLER (AV) ……	1 **(A20)**	2

IF NO, PLEASE EXPLAIN: _____

	YES	NO
A20. SUBCOSTAL:		
a. 2D (LONG-AXIS, IVC) ……	1 **(b)**	2

IF NO, PLEASE EXPLAIN: _____

b. COLOR (INTERATRIAL SEPTUM) ……	1 **(A21)**	2

IF NO, PLEASE EXPLAIN: _____

	YES	NO
A21. SUPRASTERNAL:		
a. 2D ……..1	**(b)**	2

IF NO, PLEASE EXPLAIN: _____

b. COLOR, DOPPLER ……	1 **(A22)**	2

IF NO, PLEASE EXPLAIN: _____

A22. ARE THERE ANY CRITICAL ALERT FINDINGS?

YES …… 1 **(A22a)**

NO …… 2 **(A23)**

	YES	NO
a. WHAT ARE THE CRITICAL FINDINGS?		
i. CARDIAC TAMPONADE ……	1	2
ii. AORTIC DISSECTION ……	1	2
iii. THROMBUS ……	1	2
iv. VEGETATION ……	1	2
v. TUMOR ……	1	2
vi. SEVERE PROSTHETIC VALVE DYSFUNCTION……	1	2
vii. LV PSEUDOANEURYSM ……..	1	2

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A23. ARE THERE ANY URGENT FINDINGS?

YES ……1 **(A23a)**

NO ……2 **(A24)**

		YES	**NO**
a.	WHAT ARE THE URGENT FINDINGS?		
i.	LV WALL MOTION ABNORMALITIES ……	1	2
ii.	REDUCED LV OR RV FUNCTION ……	1	2
iii.	MORE THAN MODERATE REGURGITATION ……	1	2
iv.	MODERATE OR GREATER LVOT OBSTRUCTION ……	1	2
v.	MORE THAN MODERATE PULMONARY HTN ……	1	2
vi.	MORE THAN MODERATE RESTRICTIVE INFLOW …….	1	2
vii.	AORTIC ROOT DILATATION ……	1	2
viii.	OTHER ……	1	2

SPECIFY: _____

A24. COMMENTS FOR THE ECHO READING CENTER REGARDING PROBLEMS ENCOUNTERED WITH THE PARTICIPANT:

_____

_____

_____

A25. COMMENTS FOR THE ECHO READING CENTER REGARDING IMAGE ACQUISITION:

_____

_____

_____

A26. COMMENTS FOR THE ECHO READING CENTER REGARDING MACHINE FAILURE:

_____

_____

_____

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A27. COMMENTS FOR THE ECHO READING CENTER REGARDING CARDIAC HISTORY:

_____

_____

_____

A28. COMMENTS FOR THE ECHO READING CENTER REGARDING OTHER PROBLEMS:

_____

_____

_____

A29. NUMBER OF FRAMES: _____

A30. TECHNICIAN ID: _____