WOMEN'S INTERAGENCY HIV STUDY
MSK SUBSTUDY: MSK02 PARTICIPANT DATA LOG QCT

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

WIHS VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **1 0 / 0 1 / 1 1**

A1. HAS THE PARTICIPANT HAD A BARIUM SWALLOW PROCEDURE OR NUCLEAR MEDICINE PROCEDURE IN THE LAST WEEK?

YES .....1 **(END FORM; RESCHEDULE PARTICIPANT)**
NO 2

A2. DATE OF QCT SCAN: ___ ___ / ___ ___ / ___ ___
M D Y

A3. WAS AT LEAST ONE QCT SCAN PERFORMED?

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

A4. WAS SITE SCANNED?

	YES	NO
a. QCT SPINE	1	2
b. QCT HIP	1	2
c. QCT PERIPHERAL (BRONX ONLY)	1	2

A5. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE **QCT SPINE** SCAN?

YES.....1
NO.....2 **(A7)**
NA (NOT DONE).....3 **(A7)**

A6. 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 **(A7)**

SPECIFY REASON:_____

WIHS ID #

A7. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE **QCT HIP** SCAN?

YES..... 1
NO..... 2 **(A9)**
NA (NOT DONE)..... 3 **(A9)**

A8. 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 **(A9)**

SPECIFY REASON:_____

A9. WERE THERE ANY PROBLEMS ASSOCIATED WITH OBTAINING THE **PERIPHERAL QCT** SCAN?

YES..... 1
NO..... 2 **(SECTION B)**
NA (NOT DONE)..... 3 **(SECTION B)**

A10. 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 #: |___|___|___|___|