

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

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

WIHS VISIT #: _____

FORM COMPLETED BY: _____

VERSION DATE **10/01/11**

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: _____

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 STILL1 2
- c. EQUIPMENT PROBLEM1 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 STILL1 2
- c. EQUIPMENT PROBLEM1 2
- d. POSITIONING PROBLEM.....1 2
- e. OTHER.....1 2 (SECTION B)

SPECIFY REASON: _____

B. ADMINISTRATIVE MATTERS

1. COMMENTS:

2. CT TECHNOLOGIST ID #: |_|_|_|_|_|_|_|_|_|_|