Multi-Ethnic Study of Atherosclerosis Exam 4

## Mesa

Carotid Ultrasound

## Participant Id\#: <br> Acrostic:

Date:

** Has participant signed the Air Informed Consent?

## Yes $\mathrm{O} \quad$ No $\mathrm{O} \rightarrow$ Discard this form and do not perform ultrasound.

1 Results of carotid IMTprogressive examination
(20 seconds of right common carotid dynamic acquisition):
O Done $\rightarrow$ Skip to \#3
O Incomplete
O Not Done $\rightarrow$ Complete Question 2 and skip to end
2 Reason Progression examination was incomplete or not done:

O Equipment malfunction
O Time/staff/room constraints
O Examinee refused/uncooperative
O Examinee physically unable
O Other: $\square$

3 Tape\#


4
VCR Start Time


## Right Common Carotid Dynamic Acquisition:

5 Were right CCA Doppler blood flow signals detectable?
O Yes
O No

6 Right CCA Pulse wave Doppler measurement

$\mathrm{cm} / \mathrm{s}$

7 Exam 1 image evaluation

| O | None available | Skip to \#9 |
| :--- | :--- | :--- |
| O | Device malfunction-not available |  |
| O $\quad$ Landmarks could be identified |  |  |


| $O$ | All |
| :--- | :--- |
| $O$ | In part (some identified but not all) |
| $O$ None |  |

8 Quality of Exam 1 image
O Excellent
O Very good
O Satisfactory
O Poor

9 Quality of current examination
O Excellent
O Very good
O Satisfactory
O Poor

10
Blood Pressure and Pulse

$\square$ Check if right arm used for blood pressure (only if left arm cannot be used)

Reminder -- be sure Question \#1 has been completed

## Exam 4 -- Carotid Ultrasound Page 2

## Carotid IMT:

11 Results of Carotid IMT scan:

O Done $\rightarrow$ Skip to \#13
O Incomplete
O Not Done $\rightarrow$ Complete Question 12 and skip to end

12 Reason Carotid IMT scan incomplete or not done:

O Equipment malfunction
O Time/staff/room constraints
O Examinee refused/uncooperative
O Examinee physically unable
O Other:


13 Were ICA Doppler blood flow signals detectable?

| Right side: | O Yes | O No |
| :--- | :--- | :--- |
| Left side: | $O$ Yes | O No |

14 Pulse wave Doppler measurements (cm/s)


15 Quality of scan

O Good
O Fair
O Poor:

Reminder -- be sure Question \#11 has been completed

Sonographer ID\#:


Reviewer ID\#:


