

Multi-Ethnic Study of Atherosclerosis



Ultrasound IMT

Id#:

Acroscopic: _____

Date: / /
Month Day Year

1 Results of Carotid IMT scan:

- Done → Skip to #3
- Incomplete
- Not Done

2 Reason Carotid IMT scan incomplete or not done:

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

3 Were Doppler blood flow signals detectable?

Right side: Yes No

Left side: Yes No

4 Tape#

5 VCR Start Time

	Hr	Min	Sec
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Pulse wave Doppler measurements (cm/s)

Right	Left
<input type="text"/> <input type="text"/> <input type="text"/> cm/s	<input type="text"/> <input type="text"/> <input type="text"/> cm/s

7 Quality of scan

- Good
- Fair
- Poor:

Sonographer ID#:

Reviewer ID#:

Data Entry ID#: