



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Exam Date:

d d M M M y y y y
(e.g., 10JUN2005)

Tech Code:

Circle Field Center Location:

BU CU DK UP

URL Carotid IMT Worksheet

Participant Name Code:

CD #:

Repro only: Test Seq:

Was Carotid Exam completed? ¹Yes ()

⁰No () Specify reason(s): Equipment problem? ¹Yes () ⁰No ()

Participant unable? ¹Yes () ⁰No ()

Participant refused? ¹Yes () ⁰No ()

Not enough time? ¹Yes () ⁰No ()

Other? ¹Yes () ⁰No ()

A. Right Plaque Index

	1-Prox CCA	2-Distal CCA	3-Bulb	ICA	ECA
1. Segment adequately visualized	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()
2. Any plaques visualized	Y ¹ () Go to A3		N ⁰ () Go to A6		
3. No. of Lesions					
4. Plaque Grade* (0, 1, 2, 3)					
5. Calcified Plaque	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()

*Velocities done if Plaque Grade is ≥ 3 in any segment please complete URL Carotid Doppler Velocity Worksheet

6. ANT (15° to 60°) <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ⁰ No	LAT(10° to -10°) <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ⁰ No	POST (-15° to -60°) <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ⁰ No
7. Technically Difficult Study (TDS) <input type="checkbox"/> ¹ YES* → <input type="checkbox"/> ⁰ NO Go to 8	Specify reason (s) : Tortuous vessel <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N Participant movement <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N	Deep Vessels <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N Morbidly obese <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N Other <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N
8. Machine Failure <input type="checkbox"/> ¹ YES * Indicate reason for machine failure		<input type="checkbox"/> ⁰ NO Go to B

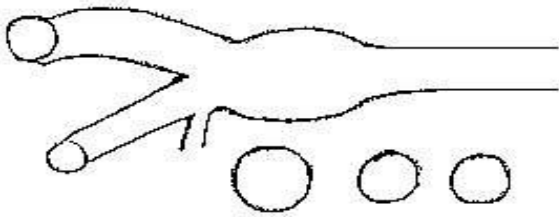
*Additional Comments: _____

Participant ID: _____

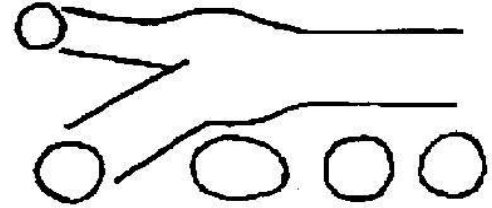
Exam Date: _____

B. Right Plaque and Wall thickening

ICA



ECA



C. Left Plaque Index

	1-Prox CCA	2-Distal CCA	3-Bulb	ICA	ECA
1. Segment adequately visualized	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()
2. Any plaques visualized	Y ¹ () Go to C3		N ⁰ () Go to C6		
3. No. of Lesions					
4. Plaque Grade* (0, 1, 2, 3)					
5. Calcified Plaque	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()	Y ¹ () N ⁰ ()

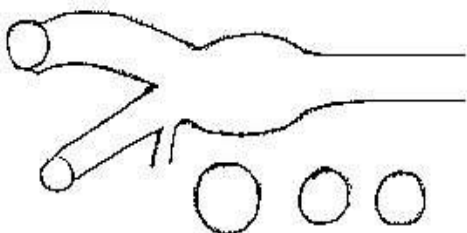
*Velocities done if Plaque Grade is ≥ 3 in any segment please complete URL Carotid Doppler Velocity Worksheet

6. ANT (15° to 60°) <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ⁰ No	LAT(10° to -10°) <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ⁰ No	POST (-15° to -60°) <input type="checkbox"/> ¹ Yes <input type="checkbox"/> ⁰ No
7. Technically Difficult Study (TDS) <input type="checkbox"/> ¹ YES* → <input type="checkbox"/> ⁰ NO Go to 8	Specify reason (s) : Tortuous vessel <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N Participant movement <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N	Deep Vessels <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N Morbidly obese <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N Other <input type="checkbox"/> ¹ Y <input type="checkbox"/> ⁰ N
8. Machine Failure <input type="checkbox"/> ¹ YES * Indicate reason for machine failure		<input type="checkbox"/> ⁰ NO Go to D

*Additional Comments: _____

D. Left Plaque and Wall thickening

ICA



ECA

