1. Right arm blood pressure measurements:
   First: Systolic [__] / Diastolic [__] / Heart rate [__]
   Second: Systolic [__] / Diastolic [__] / Heart rate [__]

2. Left arm blood pressure measurements:
   First: Systolic [__] / Diastolic [__] / Heart rate [__]
   Second: Systolic [__] / Diastolic [__] / Heart rate [__]

3. Carotid ultrasound study performed:
   ○ Done → **Skip to Q5**
   ○ Incomplete
   ○ Not done → **Complete Q4 and skip to end**

4. Reason carotid ultrasound examination was incomplete or not done:
   ○ Equipment malfunction
   ○ Time/staff/room constraints
   ○ Examinee refused/uncooperative
   ○ Examinee physically unable
   ○ Other: [__] __ [__]

5. Overall quality of current exam:
   ○ Excellent
   ○ Very good
   ○ Satisfactory
   ○ Poor

6. Transverse scans:
   ○ Done
   ○ Incomplete
   ○ Not done

7. Distal CCA scans:
   ○ Done
   ○ Incomplete
   ○ Not done

8. Availability of Exam 5 plaque location information:
   ○ Not available
   ○ No plaque
   ○ NW [__] FW [__]
   - Right CCA [__]
   - Right bulb [__]
   - Right ICA [__]
   - Left CCA [__]
   - Left bulb [__]
   - Left ICA [__]

9. Plaque detection:
   □ All previously noted plaques identified
   □ New plaques identified
   □ No plaque found

*Reminder: be sure Q3 has been completed*
10. Exam 6 plaque locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>NW</th>
<th>FW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right CCA</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Right bulb</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Right ICA</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Left CCA</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Left bulb</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Left ICA</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

11. Alerts:

- Yes
- No

12. Backup device serial number: ________________________________

13. Uploaded images to UW AIRP server?

- Yes
- No

- Date of upload:

  [ ] / [ ] / [ ]

14. Sonographer comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________