

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**BLSA Echo and Carotid - Ver. 1.0****Section Title: Echo and Carotid****Instructions:**

Date Completed

Tester ID

☐ Blank**Echocardiography**

Was Echo performed?

☐ Yes ☐ No

Click to deselect entry

Reason test not performed, or  
unsatisfactory:

- ☐ Physical problems
- ☐ Cognitive
- ☐ Physical and cognitive
- ☐ Refused
- ☐ Technical problems
- ☐ Other

Other

**Carotid Ultrasound**Was Carotid Ultrasound  
performed?☐ Yes ☐ No

Click to deselect entry

Reason test not performed, or  
unsatisfactory:

- ☐ Physical problems
- ☐ Cognitive
- ☐ Physical and cognitive
- ☐ Refused
- ☐ Technical problems
- ☐ Other

Other

**Blood Pressure**

Was Blood Pressure measured?

☐ Yes ☐ No

Click to deselect entry

Systolic

Diastolic

MAP