MESA **Exam 6**

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Interviewer ID: ☐☐☐☐ Birthdate: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Home Visit: Clinic Reception

QC ID: _____ Language: _____

Visit Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Second Visit Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Informed Consent

(Record information from the signed Informed Consent)

	Yes	No	At prior exam
HIPAA authorization obtained	○	○	○

Date Signed: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

	Yes	No	N/A
Release findings to physician	○	○	○
Medical records release	○	○	○
<u>Sharing of data and samples</u>			
Other research	○	○	○
Outside investigation	○	○	○
Commercial	○	○	○
Storage of samples	○	○	○
Letter to MESA contacts	○	○	○

Local Medical Identification Number

☐

Reception Interview

Ask participant:

1. ¿A que hora usted comió o bebió por última vez?

Time ____ : ____

Record in military time (e.g. 5PM = 17:00)

Time now ____ : ____

Record in military time (e.g. 5PM = 17:00)

If less than 8 hours, reschedule visit or fasting components.

2. ¿Se ha enfermado en los últimos siete días (ejemplo: resfriado, gripe, fiebre, vómito)?

Yes ○ No ○

Reschedule visit