

Participant ID #: Acrostic:

Interviewer ID: Birthdate: / /
Month Day Year

QC ID: _____ Language: _____

Clinic Reception

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 ☐ ☐ ☐

Ancillary study procedures

Spirometry ☐ ☐ ☐

Lung CT ☐ ☐ ☐

Lung CT with contrast ☐ ☐ ☐

Heart Rhythm Recorders
 / Brain MRI ☐ ☐ ☐

Cognitive function tests ☐ ☐ ☐

CPET ☐ ☐ ☐

MESA Memory MRI ☐ ☐ ☐

MESA Memory Amyloid PET ☐ ☐ ☐

MESA Memory Lumbar Puncture ☐ ☐ ☐

PET MRI ☐ ☐ ☐

Lower Extremity MRI ☐ ☐ ☐

Sharing of data and samples

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.

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

Yes No

☐ ☐

Reschedule visit