

**Multi-Ethnic Study of Atherosclerosis  
Exam 2**



**Retina Completion**

**Participant ID#:**

**Acrostic:**

**PHOTODT2**

**Date:**   /   /      
*of photo*                      Month                      Day                      Year

**photocl2**

Clinic:       3 - Wake Forest      6 - Minnesota  
 4 - Columbia      7 - Northwestern and Loyola  
 5 - Johns Hopkins      8 - UCLA

This form is to be completed for each participant at the time photos are taken. Retain the original and mail a photocopy along with the appropriate CD to:

Jennifer Reinke  
 Ocular Epidemiology Reading Center  
 610 N. Walnut Street, 405 WARF  
 Madison, WI 53726

1 Photographer ID#:    **photoid2**

2 Vision History Questionnaire Completion Date:   /   /     **vishdt2**  
 Month                      Day                      Year

**Reminder.** The 6th digit in the Participant's ID# determines the eye to complete first (even=right; odd=left).

3 Eyes Photographed:

a. Right eye  Completed → **phteyeR2**  
 Not completed

State reason in comment box

1 Flash Setting?    **flashR2**  
 1    2    3  
 2 Pupil Size (mm):   **puplmmR2**  
 3 Field?    **phtfldR2**  
 F1    F2    Other (Specify in comment box)  
 4 Number of Images Captured:   **imagcpR2**

b. Left eye  Completed → **phteyeL2**  
 Not completed

State reason in comment box

1 Flash Setting?    **flashL2**  
 1    2    3  
 2 Pupil Size (mm):   **puplmmL2**  
 3 Field?    **phtfldL2**  
 F1    F2    Other (Specify in comment box)  
 4 Number of Images Captured:   **imagcpL2**

Comments:  **phtcmt2**

For MESA Field Center Use Only

**photrid2**

Reviewer ID#

**photdid2**

Data Entry ID#

Date form received:

/   /      **photrdt2**

Month                      Day                      Year