

**Multi-Ethnic Study of Atherosclerosis
Exam 3**



Clinic Check off Sheet

Participant Id#:

Acrostic:

Clinic Exam Date: __ / __ / __ __

Order	Start Time	End Time	Form / Procedure	Comments / Notes	Tech ID
1			Reception (Consent & Participant Contact Form) <i>Meds: Y N S Diabetic: Y N Fasting Time: _____</i>		
2			Urine Collection <i>Now Later: time of collection _____</i>		
3			Anthropometry		
4			Seated Blood Pressure <i>Cuff size: _____ Arm Circum: _____</i>		
5			Phlebotomy		
			Snack		
			Ankle-Arm Blood Pressure		
			Medical History		
			Medications		
			MESA Eye History		
			MESA Vision Completion		
			MESA Retina Completion		
			Personal History <input type="checkbox"/> <i>Completed in clinic</i> <input type="checkbox"/> <i>Sent home with participant</i>		
			Health and Life Questionnaire		
			Physical Activity		
			Neighborhood Activities and Residential History questionnaires		
			Exit		
			MRI Appointment Day: Date: Time:		
			CT Appointment Day: Date: Time:		
			Ultrasound Appointment Day: Date: Time:		

DO NOT SCAN