

Multi-Ethnic Study of Atherosclerosis
Exam 3



Clinic Reception

Participant ID:

Acrostic:

Birthdate: brthdt

QC ID: qcid

Language:

Visit Date: visitdt3

□□ / □□ / □□□□

Second Visit Date: visDt23

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Local Medical Identification Number

medID3

Informed Consent Responses

(Obtain responses from the signed Informed Consent)

Yes No N/A

Release findings to physicians **rlsphys3**

HIPAA authorization obtained **hipaa3**

Date signed:

HipaaDt3 □□ / □□ / □□□□

Reception Interview

Ask participant:

1 At what time did you last eat or drink?

Time _____ : _____

Record in military time (i.e. 5pm = 17:00)

Time Now _____ : _____

Record in military time (i.e. 5pm = 17:00)

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

2 Have you been ill in the last seven days (e.g. cold, flu, fever, vomiting)?

Yes No



Reschedule visit

For MESA Field Center use only:

crrevid3

crdid3

Interviewer ID: **crintid3**

Reviewer ID: □□□□

Data Entry ID: □□□□