

Multi-Ethnic Study of Atherosclerosis  
Exam 4



CT Examination Completion

Participant Id#:

Acrostic:

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Date:  /  /   
Month Day Year

Transcribe from participant visit records:

Weight:

1 For women 45-55: Results of pregnancy test:

- Positive
- Negative
- Not Done → Reason \_\_\_\_\_

2 Has this participant undergone angioplasty any time in the past?:  Yes  No  Don't know

3 Has this participant undergone coronary bypass any time in the past?  Yes  No  Don't know

\*\* Has participant signed the { Aortic / Air } Informed Consent?

Yes  No  → Do not perform Aortic scan. (Clinic staff X out Aortic section)

4 Results of CT scan:

Complete → Skip to question 5

Incomplete

Not Done

→ Reason incomplete or not done

- Equipment malfunction
- Participant physically unable to continue
- Other:

PARTICIPANT NOT SELECTED TEXT

↓  
5 Results of Aortic scan:

Complete → Skip to question 6

Incomplete

Not Done

→ Reason incomplete or not done

- Equipment malfunction
- Participant physically unable to continue
- Participant refused
- Other:

6 Comment on unusual findings:  
\_\_\_\_\_  
\_\_\_\_\_

For MESA Field Center Use Only:

Do any comments listed above indicate a need for Field Center action?  Yes  No

Technician ID#:

Reviewer ID#:

Data Entry ID#: