

**Multi-Ethnic Study of Atherosclerosis  
Exam 5**



**Clinic Check off Sheet**

**Participant Id#:**

**Acrostic:**

Clinic Exam Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Order	Start Time	End Time	Day	Form / Procedure	Comments / Notes	Tech ID
1				Reception (Consent & Participant Contact Form) <i>Meds: Y N S Diabetic: Y N Fasting Time: _____</i>		
2				Anthropometry		
3				Seated Blood Pressure <i>Cuff size: _____ Arm Circum: _____</i>		
4				Electrocardiogram		
5				Phlebotomy		
				Snack		
				Ankle-Arm Blood Pressure		
				Medical History		
				Medications		
				Dietary Supplements		
				Food Frequency Questionnaire		
				Cognitive - CASI		
				Cognitive - Digit Span		
				Cognitive - Digit Symbol Substitution		
				MRI Exclusion		
				Eye History		
				Retina Completion		
				Vision Completion		
				Personal History <i>If Male: ED Quest. done</i>		
				Physical Activity <input type="checkbox"/>		
				Health and Life Questionnaire		
				Air Questionnaire (MESA Air participants only)		
				Spirometry Test (MESA Lung participants)		
				MRI Appointment Day: _____ Date: _____		
				CT Appointment (MESA Air subclinical cohort only) Day: _____ Date: _____ Time: _____		
				Ultrasound Appt. (MESA Air subclinical cohort only) Day: _____ Date: _____ Time: _____		
				<b>Exit</b> Time: _____		