

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



Retina Completion

Participant Id#:

Acrostic:

Date: / /
of photo: Month Day Year

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:

Lisa Grady
 Ocular Epidemiology Reading Center
 610 N. Walnut Street, 405 WARF
 Madison, WI 53726

1 Photographer ID#:

2 Vision History Questionnaire: / /
 Completion Date 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 →
 Not completed

↓
 State reason in
 comment box

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

b. Left eye Completed →
 Not completed

↓
 State reason in
 comment box

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

Comments:

Date form received: / /
 Month Day Year