

Participant ID #: Acrostic:

Interviewer ID: Birthdate: / /
Month Day Year

Clinic Reception

QC ID: _____ Language: _____

Visit Date: / /
Month Day Year

Second Visit Date: / /
Month Day Year

Informed Consent

(Record information from the signed Informed Consent)

HIPAA authorization obtained Yes No At prior exam

Date Signed: / /
Month Day Year

	Yes	No	N/A
Release findings to physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical records release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ancillary study procedures

Spirometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung CT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung CT with contrast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Rhythm Recorders / Brain MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive function tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MESA Memory MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MESA Memory Amyloid PET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MESA Memory Lumbar Puncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PET MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Extremity MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sharing of data and samples

Other research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storage of samples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letter to MESA contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Local Medical Identification Number

Reception Interview

Ask participant:

1. At what time did you last eat or drink?

Time ____ : ____

Record in military time (e.g. 5PM = 17:00)

Time now ____ : ____

Record in military time (e.g. 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