



Exam 6

Participant ID #:

Acrostic:

Interviewer ID:

Birthdate:

/

/

Month

Day

Year

Home Visit: 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

Release findings to physician

Yes

No

N/A

☐☐☐

Medical records release

☐☐☐

Sharing of data and samples

Other research

☐☐☐

Outside investigation

☐☐☐

Commercial

☐☐☐

Storage of samples

☐☐☐

Letter to MESA contacts

☐☐☐

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