

Participant ID #: Acrostic:

Interviewer ID: Birthdate: / /
Month Day Year

QC ID: _____ Language: _____

Clinic Reception

Visit Date: / /
Month Day Year

Second Visit Date: / /
Month Day Year

Informed Consent

(Record information from the signed Informed Consent)

Yes No At prior exam
 HIPAA authorization obtained ☐ ☐ ☐

Date Signed: / /
 Month Day Year

Yes No N/A
 Release findings to physician ☐ ☐ ☐
 Medical records release ☐ ☐ ☐

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"/> |

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. 你什麼時候最後一次吃東西或喝東西的？

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. 在過去7天裡，你是否生過病（比如，傷風、流感、發高燒、嘔吐）

Yes No

☐ ☐



Reschedule visit