



CT Examination Completion

Participant Id#: Idno

Acrostic:

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date: [ ] [ ] [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

Transcribe from participant visit records:

Weight: [ ] [ ] [ ] [ ] [ ] [ ]  
weight2

1 For women 45-55: Results of pregnancy test:

1  Positive

**prgTst2** 2  Negative

0  Not Done → Reason \_\_\_\_\_

2 Results of CT scan:

1  Complete → **Skip to question 3**

**ctrslt2** 2  Incomplete

0  Not Done  
↓  
Reason incomplete or not done

1  Equipment malfunction

**ctincmp2** 2  Participant physically unable to continue

3  Other: [ ] [ ] [ ] [ ] [ ] [ ]  
nocttxt2

3 Comment on unusual findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For MESA Field Center Use Only:

Do any comments listed above indicate a need for Field Center action?

1  Yes 0  No  
**ctndact2**

Technician ID#:

[ ] [ ] [ ] [ ] [ ] [ ]  
**ctctid2**

Reviewer ID#:

[ ] [ ] [ ] [ ] [ ] [ ]  
**ctcrid2**

Data Entry ID#:

[ ] [ ] [ ] [ ] [ ] [ ]  
**ctcdid2**