



**Clinic Check off Sheet**

Acrostic: \_\_\_\_\_

Clinic Exam Date: \_\_\_ / \_\_\_ / \_\_\_\_

Order	Start Time	End Time	Form / Procedure	Comments / Notes	Tech ID
1			Reception (Consent & Participant Contact Form) <i>Meds: Y N S Diabetic: Y N Fasting Time: _____</i>		
2			Urine Collection <i>Now Later: time of collection _____</i>		
3			Anthropometry		
4			Seated Blood Pressure <i>Cuff size: _____ Arm Circum: _____</i>		
5			Electrocardiogram		
6			Venipuncture		
			Snack		
			Medical History		
			Medications		
			Supine Ankle/Arm BP		
			Carotid Ultrasound		
			Endothelial Function <i>(min. 90 minutes after snack)</i>		
			Personal History ( <i>self</i> ) <input type="checkbox"/> <i>Completed in clinic</i> <input type="checkbox"/> <i>Sent home with participant</i>		
			Health and Life Questionnaire ( <i>self</i> )		
			Neighborhood Questionnaire ( <i>self</i> )		
			Physical Activity ( <i>self</i> )		
			Diet Questionnaire ( <i>self</i> ) <input type="checkbox"/> <i>Completed in clinic</i> <input type="checkbox"/> <i>Sent home with participant</i>		
			Exit		
			MRI Appointment Day:                      Date:                      Time:		
			CT Appointment Day:                      Date:                      Time:		

Preference for method of future MESA contacts:

- Telephone call
- Letter
- E-mail \_\_\_\_\_

Record e-mail address from PPT Contact sheet and confirm with participant