Multi-Ethnic Study of Atherosclerosis

# CT Examination Report

Id#: IDNO

Acrostic: ACROSTIC

Date: / CTCDT1

Month Day Year

**Transcribe from participant visit records:**

Date of Birth: __ __ /__ __ /__ __ __ __

**Transcribe from Anthropometry form:**

Weight: __ __ __ . __ lbs

**1** For women 45-55: Results of pregnancy test: PRGTST1

1 ○ Positive

2 ○ Negative

0 ○ Not Done → Reason _____

**2** Results of CT scan: CTRSLT1

1 ○ Complete → Skip to question 2

2 ○ Incomplete

0 ○ Not Done

Reason incomplete or not done CTINCMP1

1 ○ Equipment malfunction

2 ○ Participant physically unable to continue

3 ○ Other: NOCTTXT1

**3** Comment on unusual findings:

_____

_____

_____

_____

Technician ID: CTCTID1

For MESA Field Center Use Only:

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

1 ○ Yes 0 ○ No CTNDACT1

Reviewer ID#: CTCRID1

Data Entry ID#: CTCDID1