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 O Positive
   2 O Negative
   0 O Not Done → Reason

2 Results of CT scan: CTRSLT1
   1 O Complete → Skip to question 2
   2 O Incomplete
   0 O Not Done → Reason incomplete or not done CTINCMP1
      1 O Equipment malfunction
      2 O Participant physically unable to continue
      3 O 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 O Yes  0 O No CTNDACT1

Reviewer ID#: CTCRID1
Data Entry ID#: CTCDID1

07/13/2001
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