1 Date of birth (from participant record): ENDCDOB
   Month  Day  Year

2 Cuff size (from MESA resting BP) _______

3 Time of MESA clinic snack (if eaten): SNACKTM
   Month  Day  Year

EXCLUSIONS
4 MESA Blood Pressure Alert (Systolic > 180) 1 ○ Yes ➔ Discontinue Procedure
   BPSEXCL1

5 Congenital abnormality 1 ○ Yes ➔ Discontinue Procedure
   ABNHAND1

Before we begin this procedure, I would like to ask you some questions about your health history.

6 Has a doctor ever told you that you have Raynaud's Phenomenon?
   1 ○ Yes  0 ○ No  9 ○ Don't Know
   ➔ Discontinue Procedure RAYNPHN1

7 WOMEN ONLY: Have you had a radical mastectomy or removal of associated lymph nodes on either side?
   (A radical mastectomy is the removal of the breast, associated lymph nodes, and underlying musculature. Does not include lumpectomy or simple mastectomy.)
   1 ○ Yes  0 ○ No  9 ○ Don't Know
   ➔ Discontinue Procedure MASTECT1

** If participant has eaten MESA snack skip to #9.

8 a. When was the last time you ate or drank?
   Date: EATDRTD1
      Month  Day  Year
   Time: EATDRTM1
      Month  Day  Year

b. What did you eat? EATWHAT1
   1 ○ Liquids only (coffee, juice)
   2 ○ Light meal (according to menu or less)
   3 ○ Heavy meal (more than menu)
   4 ○ Other: EATTXT1

   Technician: If less than 90 minutes since meal or snack, delay test.

   9 Have you had any caffeinated coffee, caffeinated tea, or other caffeinated drinks in the last 6 hours?
      1 ○ Yes  0 ○ No  9 ○ Don't Know
      ➔ CAF6HR1 How many cups? CAFCUPS1

10 Have you smoked cigarettes in the last 6 hours?
   1 ○ Yes  0 ○ No  CIG6HR1

11 a. Have you taken any medications or vitamins today?
   1 ○ Yes  0 ○ No ➔ Skip to #12 MEDSVIT1

b. Any of the following vitamins?
   Yes  No  Don't Know
   Multivitamin 1 ○ 0 ○ 9 ○ MULTVIT1
   Vitamin E 1 ○ 0 ○ 9 ○ VITM31
   Vitamin C 1 ○ 0 ○ 9 ○ VITMC1
   Beta Carotene 1 ○ 0 ○ 9 ○ BETACAR1
   Vitamin B6 1 ○ 0 ○ 9 ○ VITMB61
   Folate/Folic acid 1 ○ 0 ○ 9 ○ FOLACD1

c. Any lipid lowering/cholesterol medication?
   1 ○ Yes  0 ○ No  9 ○ Don't Know

   d. Any anti-hypertensive/blood pressure medication?
      1 ○ Yes  0 ○ No  9 ○ Don't Know

   e. Any estrogen/progestin?
      1 ○ Yes  0 ○ No  9 ○ Don't Know ESTRPRO1
### Endothelial Function - 2

<table>
<thead>
<tr>
<th>EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Tape#</td>
</tr>
<tr>
<td>13 VCR start time:</td>
</tr>
<tr>
<td>14 Time of day scan started:</td>
</tr>
<tr>
<td>15 Cuff size:</td>
</tr>
<tr>
<td>Right arm: (Occlusion Cuff)</td>
</tr>
<tr>
<td>Left arm: (BP Cuff)</td>
</tr>
<tr>
<td>16 Baseline blood pressure and pulse:</td>
</tr>
<tr>
<td>Left</td>
</tr>
<tr>
<td>Right</td>
</tr>
<tr>
<td>17 Cuff inflated pressure: (200 mmHg or if BP is &gt;150, inflation pressure = systolic + 50)</td>
</tr>
<tr>
<td>18 Post blood pressure and pulse: (Skip if Carotid Distensibility will immediately follow Endothelial Function)</td>
</tr>
</tbody>
</table>

#### 19
- **Brachial scan was:**
  - 1 ○ Done → Skip to #20
  - 2 ○ Incomplete
  - 0 ○ Not done → Skip to #19c
- **Was scanning continued after deflation?**
  - 1 ○ Yes
  - 0 ○ No
- **How long was cuff inflated?**
  - CINFMN1 Minutes, CINFSEC1 Seconds
- **Why was scan not done or discontinued?**
  - 1 ○ Equipment malfunction
  - 2 ○ Participant refusal
  - 3 ○ Participant comfort
  - 4 ○ Other: NSCAN1

*If brachial scan was not done, skip to #25*

#### 20
- **Position of participant:**
  - 1 ○ Recumbent
  - 2 ○ Semi-recumbent

#### 21
- **Describe arm position:**
  - 1 ○ Bent
  - 2 ○ Straight
  - 3 ○ Other: ARMPXTXT1

#### 22
- **What is the distance from the antecubital crease to the probe?** PDISTCM1 cm

#### 23
- **What was the probe angle?** PRBANGL1 degrees

#### 24
- **Quality of scan**
  - 1 ○ Good
  - 2 ○ Fair
  - 3 ○ Poor: SCNQUAL1

#### 25
**Additional comments:**

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**Interviewer ID#: ENDCTID1**

**Reviewer ID#: ENDCRID1**

**Sonographer ID#: ENDCSON1**

**Data Entry ID#: ENDCDID1**

07/20/2000

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