



Endothelial Function

Id#: IDNO

Acrostic: ACROSTIC

Date:
 Month Day Year

1 Date of birth (from participant record):

Month Day Year

2 Cuff size (from MESA resting BP) _____

3 Time of MESA clinic snack (if eaten):

M

EXCLUSIONS

4 MESA Blood Pressure Alert (Systolic >180) Yes → Discontinue Procedure No Don't Know
BPEXCL1

5 Congenital abnormality of arm or hand Yes → Discontinue Procedure No Don't Know
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?
 Yes No 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.)
 Yes No 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:
 Month Day Year

Time: M

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?
 Yes No Don't Know

↓ **CAF6HR1**
 How many cups? **CAFUCPS1**

10 Have you smoked cigarettes in the last 6 hours?
 Yes No **CIG6HR1**

11 a. Have you taken any medications or vitamins today?
 Yes No → Skip to #12 **MEDSVIT1**

b. Any of the following vitamins?

	Yes	No	Don't Know
Multivitamin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> MULTVIT1
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> VITME1
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> VITMC1
Beta Carotene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> BETACAR1
Vitamin B6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> VITMB61
Folate/Folic acid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> FOLACID1

c. Any lipid lowering/cholesterol medication?
 Yes No Don't Know **CHOLMED1**

d. Any anti-hypertensive/blood pressure medication?
 Yes No Don't Know **BPMED1**

e. Any estrogen/progestin?
 Yes No Don't Know **ESTRPRO1**

EXAMINATION

12 Tape#

BSTID1

13 VCR start time:

Hr Min Sec

ENFHR1 ENFMN1 ENFSEC1

14 Time of day scan started:

SCANTM1 M

15 Cuff size:

RCUFFSZ1

LCUFFSZ1

Right arm:

Left arm:

(Occlusion Cuff)

(BP Cuff)

Size 10

Adult

Size 12

Pediatric

Large adult

16 Baseline blood pressure and pulse:

Systolic Diastolic Pulse

Left

BLSYS1 BLDIA1 BLPUL1

Right

BRSYS1 BRDIA1 BRPUL1

17 Cuff inflated pressure: (200 mmHg or if BP is >150, Inflation pressure = systolic + 50)

INFPRSS1

18 Post blood pressure and pulse: (Skip if Carotid Distensibility will immediately follow Endothelial Function)

Systolic Diastolic Pulse

Left

PSTSYST1 PSTDIAS1 PSTPULS1

19 a. Brachial scan was:

Done → Skip to #20

Incomplete

Not done → Skip to #19c

BRSCAN1

b. Was scanning continued after deflation?

Yes

No

SCANDFL1

How long was cuff inflated?

CINFMIN1

CINFSEC1

Minutes

Seconds

c. Why was scan not done or discontinued?

Equipment malfunction

Participant refusal

Participant comfort

Other:

NSCNTXT1

NOSCAN1

If brachial scan was not done, skip to #25

20 Position of participant:

Recumbent

Semi-recumbent

PPTPOS1

21 Describe arm position:

Bent

Straight

Other:

ARMPTXT1

ARMPOS1

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

Good

Fair

Poor:

SCNQUAL1

25 Additional comments:

ENDCTXT1

Interviewer ID#:

ENDCTID1

Sonographer ID#:

ENDCSON1

Reviewer ID#:

ENDCRID1

Data Entry ID#:

ENDCDID1