Multi-Ethnic Study of Atherosclerosis
Exam 2

Retina Completion

This form is to be completed for each participant at the time photos are taken. Retain the original and mail a photocopy along with the appropriate CD to:

Jennifer Reinke
Ocular Epidemiology Reading Center
610 N. Walnut Street, 405 WARF
Madison, WI 53726

1 Photographer ID#: photoid2

2 Vision History Questionnaire: Completion Date vishdt2

Reminder: The 6th digit in the Participant’s ID# determines the eye to complete first (even=right; odd=left).

3 Eyes Photographed:

a. Right eye phteyeR2
   o Completed
   o Not completed
   State reason in comment box

b. Left eye phteyeL2
   o Completed
   o Not completed
   State reason in comment box

Comments: phtcmt2

For MESA Field Center Use Only
phtrid2 photdid2 Date form received: photrdt2
Reviewer ID# Data Entry ID# Month Day Year

PHOTODT2
Acrostic:

Date: Month / Day / Year

photocl2
Clinic:
3 - Wake Forest 6 - Minnesota
4 - Columbia 7 - Northwestern and Loyola
5 - Johns Hopkins 8 - UCLA

Flash Setting?
1 2 3

Pupil Size (mm):

Field?
F1 F2 Other (Specify in comment box)

Number of Images Captured:

PHOTODT2
photocl2
phtrid2 photdid2
photoid2
vishdt2
phteyeR2 flashR2 puplmmR2 phtfldR2 imagcpR2
phteyeL2 flashL2 puplmmL2 phtfldL2 imagcpL2
phtcmt2

PHOTODT2
phtrid2 photdid2 photrdt2

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