Visit Date:

Second Visit Date:

Local Medical Identification Number

Informed Consent

(Record information from the signed Informed Consent)

If less than 8 hours, reschedule visit or fasting components.

Reception Interview

Ask participant:

1 At what time did you last eat or drink?

Time _______ : _______

Record in military time (i.e. 5pm = 17:00)

Time Now _______ : _______

If less than 8 hours, reschedule visit or fasting components.

2 Have you been ill in the last seven days (e.g. cold, flu, fever, vomiting)?

Yes No

Reschedule visit

For MESA Field Center use only:

Interviewer ID: 
Reviewer ID: 
Data Entry ID: 

4373393136