



Exam 7

Participant ID #:

Acrostic:

Interviewer ID:

Birthdate:

Month

Day

Year

Clinic Reception

QC ID:

Language:

Visit Date:

Month

Day

Year

Second Visit Date:

Month

Day

Year

Did the participant provide verbal consent to complete Exam 7 questionnaires before the scheduled clinic visit?

☐ Yes ☐ No

Local Medical Identification Number

Was HIPAA authorization obtained?

☐ Yes

☐ No

☐ At prior



Date Signed:

Month

Day

Year

Reception Interview

Ask participant:

1. At what time did you last eat or drink?

Time ____ : ____

Record in military time (e.g. 5PM = 17:00)

Time now ____ : ____

Record in military time (e.g. 5PM = 17:00)

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 or positive COVID test)?

☐ No

☐ Yes → Reschedule visit

UBACC Capacity to Consent

3. Did the participant successfully complete the first 3 UBACC questions?

☐ No → Continue to Q4

☐ Yes → Use Exam 7 Consent Form, skip to Q5

4. Did the participant successfully complete all 8 UBACC questions (Up to 3 trials are allowed)?

☐ No → An LAR is required for consent

☐ Yes → Use Exam 7 Consent Form



Exam 7 Consent

5. Was Exam 7 consent obtained?

- ☐ No —————→ **End**
- ☐ Yes, by the participant
- ☐ Yes, by the participant's LAR

6. On what date was Exam 7 consent obtained?

Date Signed: / /
Month Day Year

Consent Items

Record information from the signed informed consent

	Yes	No	N/A
Release findings to physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical records release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Sharing of data and samples</u>			
Other research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial/For-profit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storage of samples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letter to MESA contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	N/A
<u>Ancillary study procedures</u>			
Extract/Store DNA/RNA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Function Tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep CF Test Recording	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung CT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain PET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep/Heart/Activity Monitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuous Glucose Monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Sleep Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24H Blood Pressure Monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>