



Exam 7

Cognitive Function Testing Completion

Participant ID #:

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Acrostic:

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Technician ID:

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Date:

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Month

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Day

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Year

1. Was the questionnaire completed?

- ☐ Yes, by the MESA participant
- ☐ No —————> **Skip to Question 3**

2. How was the cognitive testing completed?

- ☐ In clinic
- ☐ Home visit
- ☐ Video
- ☐ Phone

3. Why was the cognitive testing not completed?

- ☐ Participant Refused
- ☐ Participant Unable