



Exam 7

Cognitive Function Testing Completion

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month / Day / Year

1. Was the cognitive testing completed?

- Yes, by the MESA participant →
- No ↘

1a. On what date was cognitive testing completed?

Date: / /
Month Day Year

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1b. Why was the cognitive testing not completed?

- Participant Refused
- Participant Unable

END

2. Where was cognitive testing completed?

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

3. Was the informant interview completed?

- Yes →
- No

3a. On what date was the informant interview completed?

Date: / /
Month Day Year