



## Exam 6

Participant ID #:

Acrostic:

Interviewer ID:

Birthdate:

/

/

Month

Day

Year

## Home Visit: Clinic Reception

QC ID: \_\_\_\_\_

Language: \_\_\_\_\_

Visit Date:

/

/

Month

Day

Year

Second Visit Date:

/

/

Month

Day

Year

### Informed Consent

*(Record information from the signed Informed Consent)*

HIPAA authorization obtained

Yes

No

At prior exam

☐☐☐

Date Signed:

/

/

Month

Day

Year

Release findings to physician

Yes

No

N/A

☐☐☐

Medical records release

☐☐☐

### Sharing of data and samples

Other research

☐☐☐

Outside investigation

☐☐☐

Commercial

☐☐☐

Storage of samples

☐☐☐

Letter to MESA contacts

☐☐☐

Local Medical Identification Number

### Reception Interview

Ask participant:

1. 你是什麼時候最後一次吃東西或喝東西的?

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. 在過去7天裡，你是否生過病（比如，傷  
風、流感、發高燒、嘔吐）

Yes

No

☐☐

Reschedule visit