

Multi-Ethnic Study of Atherosclerosis  
Exam 4



CT Examination Completion

Participant Id#:

Acrostic:

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Date: **CTCDT4** / [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

Transcribe from participant visit records:

Weight: [ ] [ ] [ ] **WEIGHT4**

1 For women 45-55: Results of pregnancy test:

- Positive **PRGTST4**
- Negative
- Not Done → Reason \_\_\_\_\_

2 Has this participant undergone angioplasty any time in the past?: Yes No Don't know  
   **ANGCT4**

3 Has this participant undergone coronary bypass any time in the past?    **CORONCT4**

\*\* Has participant signed the { Aortic / Air } Informed Consent?

Yes  No  → Do not perform Aortic scan. (Clinic staff X out Aortic section)

4 Results of CT scan: **CTRSLT4**

Complete → Skip to question 5

- Incomplete
- Not Done

→ Reason incomplete or not done **CTINCMP4**

- Equipment malfunction
- Participant physically unable to continue
- Other: **NOCTTXT4**

PARTICIPANT NOT SELECTED TEXT

↓  
5 Results of Aortic scan: **ARRSLT4**

Complete → Skip to question 6

- Incomplete
- Not Done

→ Reason incomplete or not done **ARINCMP4**

- Equipment malfunction
- Participant physically unable to continue
- Participant refused
- Other: **NOARTXT4**

6 Comment on unusual findings:  
\_\_\_\_\_  
\_\_\_\_\_

For MESA Field Center Use Only:

**CTNDACT4**

Technician ID#:

**CTCTID4**

Reviewer ID#:

**CTCRID4**

Data Entry ID#:

**WAISTCM4**

Do any comments listed above indicate a need for Field Center action?

- Yes
- No