

ACT SV1 Disposition Form

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|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ID | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | NEWID | Acrostic | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Visit | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | VISIT | Completed by | <input type="text"/> | <input type="text"/> | (Staff code) | |

Has informed consent been obtained for participation in study? 1 Yes 2 No **CONSENT**

Eligibility Checklist

Please summarize the participant's eligibility status with respect to the items listed below.

| Item | Participant Eligible? | |
|--|---|---|
| Baseline Medications Form MEDINV | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒ | <div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div> |
| Blood Pressures | | |
| SBP ≤180 SBP_ELIG | <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | |
| DBP ≤100 DBP_ELIG | <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | |
| Physical Exam PHYSEXAM | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒ | <div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div> |
| Graded Exercise Test | | |
| ECG Results GET_ECG | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒ | <div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div> |
| Other GXT Results OTHERGXT | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒ | <div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div> |

Acrostic

Is this person still willing to participate in the trial? 1 Yes 2 No **WILLPART**

In the opinion of the clinic staff, is this participant an appropriate candidate for ACT? **CANDIDAT**

1 Yes
2 No ⇒

Specify why not:

Was SV2 scheduled for this participant? **SV2SCHED**

1 Yes ⇒
2 No

Date scheduled / /
Mon Day Year

Time scheduled : AM PM