DATA SET NAME: DISPO12

ACT 12 Month Telephone Follow-up Disposition Form

ID	NEWID	Acrostic	
Date of Call	Mon Day Year VISIT	Completed by	(staff code)

1. Adverse Experiences:

"Have you experienced chest pain, difficulty breathing, severe dizziness or loss of consciousness during the last 6 months?" CHESTPN

1☐ Yes (***complete Adverse Events Form***)
2☐ No

"Have you experienced any of the following problems during or following exercise in the last 6 months: leg or arm pain; swollen or sore joints; pulled or strained muscle, tendon, or ligaments; or broken bones? LEGARMPN

1☐ Yes (***complete Adverse Events Form***)
2☐ No

"Have you been hospitalized during the last 6 months?" HOSP6MTH

1☐ Yes (***complete Adverse Events Form***)
2☐ No

2. Phone Call Status:

Was phone call completed as planned? CALLCOMP

1☐ Yes

2☐ No

Why was this phone call missed? CALLMISS
1☐ Participant cannot be located.
2☐ Participant located but refused interview.
3☐ Participant died (***complete Study Termination Form***)
4☐ Other_____
(Specify)