

ACT SV2 Disposition Form

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

Was blood sample obtained successfully? 1 Yes 2 No **BLOODSMP**

Eligibility Checklist

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

Item	Participant Eligible?
Blood Pressures	
SBP \leq 180 SBP_ELIG	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
DBP \leq 100 DBP_ELIG	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Is this participant's English comprehension and fluency adequate? 1 Yes 2 No **ENG_COMP**

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

1 Yes
2 No \Rightarrow

Specify why not:

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

Is this participant eligible for randomization? 1 Yes 2 No **RANDOMIZ**