DATA SET NAME: DISPO24A

ACT 24 Month A Follow-up Disposition Form

ID NEWID

Acrostic

Date of Visit VISIT Mon Day Year

Completed by (staff code)

PHONDATA = DATA COLLECTED BY PHONE

Visit Status:

Was visit completed as planned? **VISCOMP**

1☐ Yes

2☐ No

Was partial information collected? **PARTINFO**

1☐ Yes

Indicate below the items that are ***missing or were not performed***:

1☐ Max Exercise Test **MAXGXT**

1☐ PA 7-day Re**PAR7DAY**

1☐ Blood Pressu**BPRESS**

1☐ F/U Health Habits **FUHEALTH**

1☐ Heart Rate Variab**HRVAR**

1☐ Medications Usag**MEDICAT**

2☐ No

Why was this visit missed? **VISMISS**

1☐ Participant cannot be located.

2☐ Participant located but refused clinic visit.

3☐ Participant died (***complete Study Termination Form***)

4☐ Other_____
(Specify)