

ACT 24 Month B Follow-up Disposition Form

ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Acrostic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Visit	Mon	Day	Year	VISIT		Completed by	<input type="text"/>	<input type="text"/>	(staff code)		

PHONDATA = COLLECTED BY PHONE

1. Adverse Experiences:

Has participant experienced chest pain, shortness of breath, severe dizziness or loss of consciousness during the last 6 months? **CHESTPN**

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

Has participant experienced any of the following during or following exercise during 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

Has participant been hospitalized during the last 6 months? **HOSP6MTH**

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

.. Visit Status:

Was visit completed as planned? **VISCOMP**

Was partial information collected? PARTINFO	
<input type="checkbox"/> 1 Yes	<p>Indicate below the items that are <i>missing or were not performed</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 PA 7-day Recall PAR7DAY <input type="checkbox"/> 1 Anthropometric ANTHROP <input type="checkbox"/> 1 Blood Pressure BPRESS <input type="checkbox"/> 1 Health Related QOL/Influences on Activity HRQL <input type="checkbox"/> 1 Submax Exercise Test SUBGXT <input type="checkbox"/> 1 Blood Collection BCOLLECT <input type="checkbox"/> 1 Diet Questionnaire DIET
<input type="checkbox"/> 2 No	<p>Why was this visit missed? VISMISS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Participant cannot be located. <input type="checkbox"/> 2 Participant located but refused clinic visit. <input type="checkbox"/> 3 Participant died <input type="checkbox"/> 4 Other _____ (Specify)

Complete Study Termination Form at conclusion of this visit.