DATA SET NAME: DISPO6

ACT 6 Month Follow-up Visit Disposition Form

ID NEWID Acrostic

Date of Visit Mon Day Year VISIT Completed by (staff code)

PHONDATA = COLLECTED BY PHONE

1. Adverse Experiences:

Has participant experienced chest pain, difficulty breathing, severe dizziness or loss of consciousness since randomization? CHESTPN

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

Has participant experienced any of the following during or following exercise since randomization: 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

2. 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☐ Submax Exercise Test SUBGXT
1☐ PA 7-day Recall PAR7DAY
1☐ Heart Rate Variability HRVAR
1☐ Anthropometrics ANTHROP
1☐ Blood Collection BCOLLECT
1☐ Blood Pressure BPRESS
1☐ Medications Usage MEDICAT
1☐ Diet Questionnaire DIETQ
1☐ F/U Health Habits FUHEALTH
1☐ Health Related QOL/Influences on Activity HRQL

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)