DATA SET NAME: ADVEV18

ACT 18-Month Adverse Events Form

FOR CLINC USE ONLY	
ID NEWID	Acrostic
Date Mailed (Mon, Day, Year)	Date Returned (Mon, Day, Year)

Have you been admitted to the hospital during the last 6 months for any reason? HOSPITAL 1☐ Yes 2☐ No

Have you experienced any of the following problems at any time during the last 6 months:

	Variable	Yes	No
Chest pain?	CHEST	1☐ Yes	2☐ No
Difficulty breathing?	BREATH	1☐ Yes	2☐ No
Severe dizziness or loss of consciousness?	DIZZY	1☐ Yes	2☐ No

Have you experienced any of the following problems during or following exercise during the last 6 months:

	Variable	Yes	No
Leg or arm pain?	LEGARM	1☐ Yes	2☐ No
Swollen or sore joints?	JOINTS	1☐ Yes	2☐ No
Pulled or strained muscles, tendons, or ligaments?	MUSCLES	1☐ Yes	2☐ No
Broken Bones?	BONES	1☐ Yes	2☐ No

Please return the completed form to the clinic using the enclosed postage-paid envelope. If you have any questions about this questionnaire or your responses, please call the ACT clinic at (___) ___-____.

Reviewed by ☐☐ (staff code)