

**ACT 24 Month B Follow-up Disposition Form**

ID	<input type="text"/>	Acrostic	<input type="text"/>								
Date of Visit	Mon	Day	Year	<b>VISIT</b>		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? <b>PARTINFO</b>	
<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"> <li><input type="checkbox"/> 1 PA 7-day Recall <b>PAR7DAY</b></li> <li><input type="checkbox"/> 2 Submax Exercise Test <b>SUBGXT</b></li> <li><input type="checkbox"/> 3 Anthropometric <b>ANTHROP</b></li> <li><input type="checkbox"/> 4 Blood Collection <b>BCOLLECT</b></li> <li><input type="checkbox"/> 5 Blood Pressure <b>BPRESS</b></li> <li><input type="checkbox"/> 6 Diet Questionnaire <b>DIET</b></li> <li><input type="checkbox"/> 7 Health Related QOL/Influences on Activity <b>HRQL</b></li> </ul>
<input type="checkbox"/> 2 No	<p>Why was this visit missed? <b>VISMISS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 Participant cannot be located.</li> <li><input type="checkbox"/> 2 Participant located but refused clinic visit.</li> <li><input type="checkbox"/> 3 Participant died</li> <li><input type="checkbox"/> 4 Other _____ (Specify)</li> </ul>

**Complete Study Termination Form at conclusion of this visit.**