

ACT 6 Month Follow-up Visit Disposition Form

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

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**

Was partial information collected? PARTINFO	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Indicate below the items that are <i>missing or were not performed</i> : 1 <input type="checkbox"/> Max Exercise Test MAXGXT 1 <input type="checkbox"/> Submax Exercise Test SUBGXT 1 <input type="checkbox"/> PA 7-day Recept PAR7DAY 1 <input type="checkbox"/> Heart Rate Variability HRVAR 1 <input type="checkbox"/> Anthropometric ANTHROP 1 <input type="checkbox"/> Blood Collection BCOLLECT 1 <input type="checkbox"/> Blood Pressure BPRESS 1 <input type="checkbox"/> Medications Usage MEDICAT 1 <input type="checkbox"/> Diet Questionnaire DIETQ 1 <input type="checkbox"/> F/U Health Habits FUHEALTH 1 <input type="checkbox"/> Health Related QOL/Influences on Activity HRQL
	Why was this visit missed? VISMISS 1 <input type="checkbox"/> Participant cannot be located. 2 <input type="checkbox"/> Participant located but refused clinic visit. 3 <input type="checkbox"/> Participant died (<i>complete Study Termination Form</i>) 4 <input type="checkbox"/> Other _____ (Specify)