

ACT SV1 Disposition Form

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

Has informed consent been obtained for participation in study? 1 Yes 2 No **CONSENT**

Eligibility Checklist

Please summarize the participant's eligibility status with respect to the items listed below.

Item	Participant Eligible?	
Baseline Medications Form MEDINV	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒	<div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div>
Blood Pressures		
SBP ≤180 SBP_ELIG	<input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
DBP ≤100 DBP_ELIG	<input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Physical Exam PHYSEXAM	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒	<div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div>
Graded Exercise Test		
ECG Results GET_ECG	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒	<div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div>
Other GXT Results OTHERGXT	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒	<div style="border: 1px solid black; padding: 5px;">Specify exclusion(s): _____ _____</div>

Acrostic

Is this person still willing to participate in the trial? 1 Yes 2 No **WILLPART**

In the opinion of the clinic staff, is this participant an appropriate candidate for ACT? **CANDIDAT**

1 Yes
2 No ⇒

Specify why not:

Was SV2 scheduled for this participant? **SV2SCHED**

1 Yes ⇒
2 No

Date scheduled / /
Mon Day Year

Time scheduled : AM PM