

**ACT SV2 Disposition Form**

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

Was blood sample obtained successfully? 1  Yes 2  No **BLOODSMP**

**Eligibility Checklist**

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

Item	Participant Eligible?
<b>Blood Pressures</b>	
SBP $\leq$ 180 <b>SBP_ELIG</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
DBP $\leq$ 100 <b>DBP_ELIG</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Is this participant's English comprehension and fluency adequate? 1  Yes 2  No **ENG\_COMP**

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

1  Yes  
2  No  $\Rightarrow$

Specify why not:

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

Is this participant eligible for randomization? 1  Yes 2  No **RANDOMIZ**