

ACT SV0 Disposition Form

ID	<input type="text"/>	NEWID	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"/>	Completed by	<input type="text"/>	<input type="text"/>	(Staff code)		

Has informed consent been obtained for participation in SV0? 1 Yes 2 No **CONSENT**

Eligibility Checklist

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

Item	Participant Eligible?	
Medical History MEDHIST	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ⇒	Specify exclusion(s): _____ _____ _____
7-day PAR PAR7DAY energy expenditure	1 <input type="checkbox"/> Yes (≤ 35 kcal/kg/day) 2 <input type="checkbox"/> No	

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? **STFFOPIN**

1 Yes
2 No ⇒

Specify why not:

Was SV1 scheduled for this participant? **SV1SCHED**

1 Yes ⇒
2 No

Date scheduled	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	
	Mon			Day			Year		
Time scheduled	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM