DATA SET NAME: DISPO12

ACT 12 Month Telephone Follow-up Disposition Form

ID III	NEWID Acrostic
Date I	Completed by (staff code)
Date Mon	VISIT Completed by (stall code)

1.	Adverse	Experiences	

Adverse Experiences:
"Have you experienced chest pain, difficulty breathing, severe dizziness or loss of consciousness during the last 6 months?" CHESTPN
ı□ Yes (complete Adverse Events Form) ₂□ No
"Have you experienced any of the following problems during or following exercise in the last 6 months: leg or arm pain; swollen or sore joints; pulled or strained muscle, tendon, or ligaments; or broken bones? 1 Yes (complete Adverse Events Form) 2 No
"Have you been hospitalized during the last 6 months?" HOSP6MTH
¹□ Yes (complete Adverse Events Form) ²□ No
Dhone Call Status

2. Phone Call Status:

Was phone call completed as planned? CALLCOMP

ı□Yes	Why was this phone call missed? CALLMISS □□ Participant cannot be located.
2□ No	2☐ Participant located but refused interview. 3☐ Participant died (complete Study Termination Form)
	4 Other
	(option)