**DATA SET NAME: DISPO24A** 

## ACT 24 Month A Follow-up Disposition Form



## **PHONDATA** = DATA COLLECTED BY PHONE

Visit Status:

Was visit completed as planned? VISCOMP

ı□ Yes ź⊡ No	Was partial information collected? PARTINFO	
	₁⊡ Yes——	Indicate below the items that are <i>missing</i> or were not performed:  1□ Max Exercise MAXGXT 1□ F/U Health HabitsFUHEALTH  1□ PA 7-day Repartory 1□ Heart Rate VariatHRVAR  1□ Blood Pressuppress 1□ Medications Usage MEDICAT
	2□ No	Why was this visit missed? VISMISS  □ Participant cannot be located.  □ Participant located but refused clinic visit.  □ Participant died (complete Study Termination Form)  □ Other (Specify)