ACT 24 Month B Follow-up Disposition Form

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			mpleted by	
of Visit Mon Dr	visit	Col	mpleted by [(stair code)

1. Adverse Experiences:

PHONDATA = COLLECTED BY PHONE

Has participant experienced chest pain, shortness of breath, severe dizziness or loss of consciousness during the last 6 months? CHESTPN

1☐ Yes (complete Adverse Events Form)

2□ No

Has participant experienced any of the following during or following exercise during 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

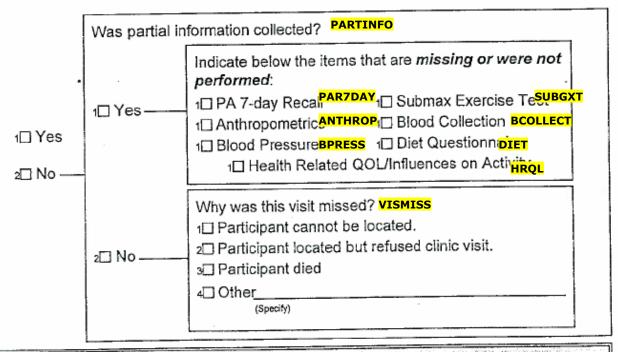
Has participant been hospitalized during the last 6 months? ноsремтн

1□ Yes (complete Adverse Events Form)

2□ No

Visit Status:

Was visit completed as planned? VISCOMP



Complete Study Termination Form at conclusion of this visit.