

CHEST ROENTGENOGRAPHY INTERPRETATION FORM

ID no. _____ - _____
Form Type C R _____

1. Case's initials: _____

2. Date of x-ray:

____ - ____ - ____
Month Day Year

f30_dy

3. Film Quality:

filmqual

(1) Good (2) Acceptable (3) Poor (4) Unacceptable

IF FILM QUALITY IS UNACCEPTABLE, OBTAIN ANOTHER CHEST X-RAY. DO NOT COMPLETE THIS FORM FOR A FILM OF UNACCEPTABLE QUALITY.

4. Are their previous films available for comparison?

Yes No

(1) (2) cmpcxr

IF YES, ANSWER QUESTION 4A.

IF NO, GO TO QUESTION 5.

A. Date of most recent comparison film:

cmpcxr dy

____ - ____ - ____
Month Day Year

5. Are the findings on the current film completely normal?

(1) (2) cxrnorm

IF YES, GO TO QUESTION 17.

IF NO, ANSWER QUESTIONS 6 - 16.

6. Any interstitial infiltrates?

(1) (2) cxrintin

7. Any alveolar infiltrates?

(1) (2) cxralvin

8. Any adenopathy (hilar or mediastinal)?

(1) (2) cxraden

9. Hilar retraction?

(1) (2) cxrhilar

10. Bullae or blebs (cysts)?

(1) (2) cxrblebs

- | | Yes | No | |
|---|-----|-----|-----------------|
| 11. Any cardiomegaly? | (1) | (2) | cxrcardm |
| 12. Any pulmonary artery enlargement? | (1) | (2) | cxrpulen |
| 13. Pulmonary fibrosis? | (1) | (2) | cxrpulfb |
| 14. Any pleural abnormalities? (Thickening, effusions, plaques) | (1) | (2) | cxrplrab |
| 15. Other abnormalities? | (1) | (2) | cxrothab |

**IF YES, ANSWER QUESTION 15A.
 IF NO, GO TO QUESTION 16.**

A. Specify: _____

16. Scadding Stage (Check one.) **scadding**
- | | | |
|---------------------------------------|-----|--|
| Nodes and parenchyma normal (Stage 0) | (0) | |
| Stage I | (1) | |
| Stage II | (2) | |
| Stage III | (3) | |
| Stage IV | (4) | |

17. Date of reading: **read_dy**
- _____ - _____ - _____
 Month Day Year

18. READER:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

19. RESEARCH COORDINATOR:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

20. DATE FORM COMPLETED: _____ - _____ - _____
- Month Day Year

FORM 30
Chest Roentgenography Interpretation Form

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I(1)	Form revision
	FMTYP	CHAR(4)	Form Type LD01=Baseline LD02=2-year visit
	newid	F(5.1)	Patient ID
2	f30dy	I(4)	Days from enrollment to x-ray
3	FILMQUAL	I(1)	Film Quality 1=Good 2=Acceptable or Poor 4=Unacceptable
4	CMPCXR	I(1)	Previous film for comparison 1=Yes 2=No
4	cmpcxrdy	I(4)	Days from enrollment to most recent comparison film
5*	CXRNORM	I(1)	Current film is normal 1=Yes 2=No
6	CXRINTIN	I(1)	Interstitial infiltrates 1=Yes 2=No
7	CXRALVIN	I(1)	Alveolar infiltrates 1=Yes 2=No
8	CXRADEN	I(1)	Adenopathy 1=Yes 2=No
9	CXRHILAR	I(1)	Hilar retraction 1=Yes 2=No
10	CXRBLEBS	I(1)	Bullae or blebs 1=Yes 2=No
11	CXRCARDM	I(1)	Cardiomegaly 1=Yes 2=No
12	CXRPULEN	I(1)	Pulmonary artery enlargement 1=Yes 2=No
13	CXRPULFB	I(1)	Pulmonary fibrosis 1=Yes 2=No
14	CXRPLRAB	I(1)	Pleural abnormalities 1=Yes 2=No

*Refer to the form for skip pattern for this item.

FORM 30
Chest Roentgenography Interpretation Form
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
15*	CXROTHAB	I(1)	Other abnormalities 1=Yes 2=No
16	SCADDING	I(1)	Scadding group 0=Stage 0 1=Stage I 2=Stage II 3=Stage III 4=Stage IV
17	read_dy	I(4)	Days from enrollment to reading

*Refer to the form for skip pattern for this item.