CHEST ROENTGENOGRAPHY INTERPRETATION FORM

ID No.				-				
Form Type	C	R						

1. Case's initials: ___ ___ ___

2. Date of x-ray: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ **f30_dy**
   Month Day Year

3. Film Quality: (1) Good (2) Acceptable (3) Poor (4) Unacceptable **filmqual**

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

4. Are there previous films available for comparison? Yes (1) No (2) **cmpcxr**

IF YES, ANSWER QUESTION 4A.
IF NO, GO TO QUESTION 5.

A. Date of most recent comparison film: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ **cmpcxrdy**
   Month Day Year

5. Are the findings on the current film completely normal? Yes (1) No (2) **cxrnorm**

IF YES, GO TO QUESTION 17.
IF NO, ANSWER QUESTIONS 6 - 16.

6. Any <u>interstitial</u> infiltrates? (1) (2) **cxrintin**

7. Any <u>alveolar</u> 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)

read_dy

17. Date of reading: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
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

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
	REV	I(1)	Form revision
	FMTYP	CHAR(4)	Form Type LD01=Baseline LD02=2-year visit
	newid	F(5.1)	Patient ID
2	f30_dy	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)

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
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.