**CHEST X-RAY SCREENING EXAMINATION (XRY2)**

1. **Date of Examination:**
   - **MO.**
   - **DAY**
   - **YR.**

2. **Satellite Center:**
   - Circle the appropriate number:
     - T0
     - T1
     - T2
     - T3

3. **Study Year:**
   - Circle the appropriate number:
     - T0
     - T1
     - T2
     - T3

4. **Visit Number:**
   - Circle the appropriate number:
     - One
     - Two
     - Three

5. **Reason for Repeat Visit:**
   - (Blank space)

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**For Office Use Only**

6. **Forms Processing**
   - **DARKEN CIRCLES AS STEPS ARE COMPLETED**
   - Form Received into SMS
   - Manual Review Completed
   - Data Entry of Non-Scannable Items:
     - Completed
     - None Required
   - Data Retrieval:
     - Attempted
     - None Required
   - Final Disposition:
     - Final Complete (FCM)
     - Final Incomplete (FIC)

---

**PART A: CHEST X-RAY EXAMINATION FINDINGS (COMPLETED BY TECHNOLOGIST)**

1. **Number of Attempts:**
   - Circle the appropriate number:
     - None
     - One
     - Two

2. **Adequate Films Obtained:**
   - No

3. **Reason for Inadequate Films:**
   - Participant Refusal
   - Equipment Malfunction
   - Poor Film Quality
   - Other (SPECIFY)

4. **Comments:**
   - No
   - Yes (SPECIFY)

5. **Tech. ID:**
   - (Blank space)

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**Public Reporting Burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.**

**Version Date:** 10/99  
**Expiration Date:** 10/02  
**Form Approved OMB No.:** 0925-0407
## PART B: CHEST X-RAY EXAMINATION FINDINGS (COMPLETED BY RADIOLOGIST)

### 1. Radiographic Abnormality Noted:
- [ ] No (GO TO PART C)
- [ ] Yes

### 2. Record Information for Each Abnormality:

<table>
<thead>
<tr>
<th>Abnormality #</th>
<th>Right Hemithorax</th>
<th>Left Hemithorax</th>
<th>Description of Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
<td>01 = Nodule (1 - 30 mm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>02 = Mass (&gt; 30 mm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>07 = Pleural mass</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>08 = Granuloma(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>13 = Right hilar/mediastinal lymph nodes (exclude calcified nodes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14 = Left hilar/mediastinal lymph nodes (exclude calcified nodes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15 = Major atelectasis/collapse</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>16 = Infiltrate (consolidation/alveolar opacity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>17 = Scarring/pulmonary fibrosis/honeycombing</td>
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<td></td>
<td>18 = Pleural fibrosis/pleural plaque</td>
</tr>
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<td></td>
<td></td>
<td>19 = Pleural fluid</td>
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<td>20 = Bone/soft tissue lesion</td>
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<td>21 = Cardiac abnormality/ cardiomegaly/congestive heart failure</td>
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<td>22 = COPD/emphysema/bulbae</td>
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<td></td>
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<td>88 = Other (SPECIFY)</td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 

## PART C: CHEST X-RAY INTERPRETATION RESULTS (COMPLETED BY RADIOLOGIST)

### 1. Examination Result:
- [ ] Positive Screen - Referral Required (GO TO 3)
- [ ] Negative Screen - No Abnormalities (GO TO 3)
- [ ] Negative Screen - Other Abnormalities (GO TO 3)
- [ ] inadequate

### 2. Reason for Inadequate Exam:
- [ ] Poor film quality
- [ ] Films lost
- [ ] Other (SPECIFY)

### 3. Level of Referral:
- [ ] 1 - Significant Abnormality, Referral
- [ ] 2 - Moderate Abnormality, Referral
- [ ] 3 - Slight Variation from Normal, No Referral
- [ ] 4 - Normal/Result Not Available, No Referral

### 4. Comments:
- [ ] No
- [ ] Yes (SPECIFY)

<table>
<thead>
<tr>
<th>Item#</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

### 5. Radiologist ID:

<table>
<thead>
<tr>
<th>Signature</th>
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