

CHEST RADIOGRAPH READING AND RECORDING SYSTEM

00034113

Use a dark pen. Cross boxes that apply. Do not mark anywhere outside the boxes. Use white stickers to make corrections.

Radiograph ID

Reader ID

Date of radiograph

Date of reading

Film Quality

- Optimal Suboptimal Unreadable

Comments

- Too dark/too light Poor position Other, specify:

Parenchymal abnormalities

1A Large opacities (>1cm)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type	Size	Extent	R	Zones	L	Calcification
			<input type="checkbox"/> Round	<input type="checkbox"/> 1 – 5 cm	<input type="checkbox"/> Single	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/> Irregular	<input type="checkbox"/> > 5 cm	<input type="checkbox"/> Few	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No
				<input type="checkbox"/> > upper lobe	<input type="checkbox"/> Many	L	<input type="checkbox"/>	<input type="checkbox"/>	
1B Small opacities (<1cm)	<input type="checkbox"/> Y <input type="checkbox"/> N		Type	Size	Profusion	R	Zones	L	Calcification
			<input type="checkbox"/> Round	<input type="checkbox"/> < 1.5 mm	<input type="checkbox"/> 1+	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
			<input type="checkbox"/> Irregular	<input type="checkbox"/> 1.5 – 3.5 mm	<input type="checkbox"/> 2+	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No
				<input type="checkbox"/> 3.5 – 10 mm	<input type="checkbox"/> 3+	L	<input type="checkbox"/>	<input type="checkbox"/>	
1C Cavities	<input type="checkbox"/> Y <input type="checkbox"/> N			Maximum size	Extent	R	Zones	L	
				<input type="checkbox"/> 1 – 5 cm	<input type="checkbox"/> Single	U	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> > 5 cm	<input type="checkbox"/> Few	M	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> > upper lobe	<input type="checkbox"/> Many	L	<input type="checkbox"/>	<input type="checkbox"/>	

Pleural abnormalities

2A Calcification/Plaque	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Chest side	Extent of lateral chest wall
			R <input type="checkbox"/> <input type="checkbox"/> L	<input type="checkbox"/> < ¼ <input type="checkbox"/> ¼ - ½ <input type="checkbox"/> > ½
2B Pleural fluid/Fibrosis	<input type="checkbox"/> Y <input type="checkbox"/> N		R <input type="checkbox"/> <input type="checkbox"/> L	<input type="checkbox"/> < ¼ <input type="checkbox"/> ¼ - ½ <input type="checkbox"/> > ½
2C Apical cap	<input type="checkbox"/> Y <input type="checkbox"/> N		R <input type="checkbox"/> <input type="checkbox"/> L	

Central abnormalities

3A Tracheal deviation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	R <input type="checkbox"/> <input type="checkbox"/> L	
3B Mediastinal shift	<input type="checkbox"/> Y <input type="checkbox"/> N		R <input type="checkbox"/> <input type="checkbox"/> L	
3C Hilar elevation	<input type="checkbox"/> Y <input type="checkbox"/> N		R <input type="checkbox"/> <input type="checkbox"/> L	
3D Lymphadenopathy	<input type="checkbox"/> Y <input type="checkbox"/> N		Hilar R <input type="checkbox"/> <input type="checkbox"/> L Mediastinal R <input type="checkbox"/> <input type="checkbox"/> L	

Other abnormalities

Surgical	<input type="checkbox"/> Bullets/Artifact/Foreign body	Skeletal	<input type="checkbox"/> Rib fracture or abnormality	Lung	<input type="checkbox"/> Hyperinflation
	<input type="checkbox"/> Suspected lung resection		<input type="checkbox"/> Spinal abnormality		<input type="checkbox"/> Pneumothorax
	<input type="checkbox"/> Sternotomy wire/clips	Lung	<input type="checkbox"/> Bullae		<input type="checkbox"/> Mycetoma
Cardiac	<input type="checkbox"/> Any abnormality		<input type="checkbox"/> Bronchiectasis		<input type="checkbox"/> Volume loss
			<input type="checkbox"/> Suspected cancer		

- Y N **Radiograph completely normal**
 Y N **Abnormalities consistent with TB**
 Active TB Inactive TB