Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

CHEST X-RAY SCREENING EXAMINATION (XRY2)

Study

Satellite

Date of

Version Date: 10/99

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O None (GO TO 2) One Two	ne O No O Participant Refusal O TO 2) e Equipment Malfunction		efusal alfunction ality	Iten	No Yes (SPECIFY)			000 111 222 333 444 535 667 777 888 939	
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searching existing conduct or spons comments regardi	data source or, and a pe ing this burd	es, gathering ar erson is not rec den estimate or a	nd maintaining the data required to respond to, a cany other aspect of this	needed, and comple collection of informa collection of informa	ting a ation ation,	es per response, including the and reviewing the collection of unless it displays a currently including suggestions for reduce 5-0407). Do not return the compli-	infon valld cing	mation. An ag OMB control i this burden, to:	ency may n number. Ser : NIH, Proje

Expiration Date: 10/02

PLEASE DO NOT WRITE IN THIS AREA

Form Approved OMB No.: 0925-0407

216403

Visit

Reason for

	PART B: CHES	T X-RAY EXAMI	NA	TION FINDINGS (COMPLET	TED E	BY F	RADIOLOGIST)			
1. Radiogr Abnorm	aphic ality Noted:	No (GO TO PART C	c) O Yes							
	Information for Each	Abnormality:								
Abnormality	# LOCATION (MA	ARK ALL THAT APPLY	()		RIPTIO	N OF	FABNORMALITY			
Right Hemithorax Left Hemithora			X	01 = Nodule (1 - 30 mm) 02 = Mass (> 30 mm)						
1 = Upper 1/3 2 = Middle 1/3 3 = Lower 1/3 4 = Diffuse 9 = NA		1 = Upper 1/3 2 = Middle 1/3 3 = Lower 1/3 4 = Diffuse 9 = NA		07 = Pleural mass 08 = Granuloma(s) 13 = Right hilar/mediastinal lymph nodes (exclude calcified nodes) 14 = Left hilar/mediastinal lymph nodes (exclude calcified nodes) 15 = Major atelectasis/collapse 16 = Infiltrate (consolidation/alveolar opacity) 17 = Scarring/pulmonary fibrosis/honeycombing 18 = Pleural fibrosis/pleural plaque 19 = Pleural fluid 20 = Bone/soft tissue lesion 21 = Cardiac abnormality/cardiomegaly/congestive heart failure 22 = COPD/emphysema/bullae 88 = Other (SPECIFY)						
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5.	02309	0000	9	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	PART C: CHE	ST X-RAY INTERI	PRE	TATION RESULTS (COMPLE	TED I	BY R	ADIOLOGIST)			
1. Examination Result:				Reason for Inadequate Exam: (MARK ALL THAT APPLY)	3.	Level of Referral:				
O Positive Screen - Referral Required (GO TO 3) O Negative Screen - No Abnormalities (GO TO 3) O Negative Screen - Other Abnormalities (GO TO 3) Inadequate				Poor film quality Films lost Other (SPECIFY)	0	1 - Significant Abnormality, Referral 2 - Moderate Abnormality, Referral 3 - Slight Variation from Normal, No Referral 4 - Normal/Result Not Available, No Referral				
4. Comments:				Radiologist ID:						
No Yes (SPECIFY) Item# Comments			Si	(1) (2) (3) (4) (5) (5)	0 0 0 0 0 0 0 0 0 0 0 0 0	10000				
	O Continu	ed		(8)	8 8 9 9					