|  |  |
| --- | --- |
| Participant Information | |
| Site ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |
| Participant ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |
| Episode ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |

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| Visit Information | | | | |
| X-ray Request Date | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ | | | |
| On-Site x-ray | Yes |  | No |  |
| X-ray type | Digital |  | Analogue |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| X-ray evaluation | | | | |
| X-ray Date | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ | | | |
| X-ray Reviewer | Radiologist |  | Other Doctor |  |
|  | Clinical Officer |  | Nurse |  |
|  | Other |  |  |
| Other X-ray Reviewer | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| Cavities | Yes | + 6 | No | + 0 |
| Enlarged Lymph nodes | Yes | +17 | No | + 0 |
| Opacities | Yes | + 5 | No | + 0 |
| Miliary Pattern | Yes | +15 | No | + 0 |
| Effusion | Yes | + 8 | No | + 0 |
|  | Total Score | \_ \_ \_ \_ |  |  |

|  |  |
| --- | --- |
| Form completion | |
| Person completing form | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | |
| Form completion date | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ |