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| 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 | [ ]  |

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| 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  | \_ \_ \_ \_ |  |  |

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