CHEST RADIOGRAPH READING AND RECORDING SYSTEM

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

Program ID: ☐☐–☐☐☐☐–☐☐

Sex: ☐ Male ☐ Female

Patient Initials: _____

HIV Results: _____

Patient Date Of Birth: ☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

Full Name of Person Completing the Form

Reader: _____

Reading Date: ☐☐ ☐☐ ☐☐☐☐

Film Quality ☐ Optimal ☐ Suboptimal ☐ Unreadable

Comments ☐ Too dark/too light ☐ Poor position ☐ Artifact Other, specify: _____

Parenchymal abnormalities ☐ Y ☐ N

1A Large Opacities(>1cm) ☐ Y ☐ N

Type	Size	Extent	Zones		Calcification
			R	L	
☐ Round	☐ 1 - 5 cm	☐ Single	U ☐	☐	☐ Yes
☐ Irregular	☐ > 5 cm	☐ Few	M ☐	☐	☐ No
	☐ > upper lobe	☐ Many	L ☐	☐	

1B Small opacities (<1cm) ☐ Y ☐ N

Type	Size	Profusion	Zones		Calcification
			R	L	
☐ Round	☐ <1.5 mm	☐ 1 +	U ☐	☐	☐ Yes
☐ Irregular	☐ 1.5 - 3.5mm	☐ 2 +	M ☐	☐	☐ No
	☐ 3.5 - 10 mm	☐ 3 +	L ☐	☐	

1C Cavities ☐ Y ☐ N

Maximum size	Extent	Zones	
		R	L
☐ 1 - 5 cm	☐ Single	U ☐	☐
☐ > 5 cm	☐ Few	M ☐	☐
☐ > upper lobe	☐ Many	L ☐	☐

Pleural abnormalities ☐ Y ☐ N

	Chest side		Extent of lateral chest wall		
2A Calcification/Plaque ☐ Y ☐ N	☐ R	☐ L	☐ <1/4	☐ 1/4 - 1/2	☐ >1/2
2B Pleural fluid/Fibrosis ☐ Y ☐ N	☐ R	☐ L	☐ <1/4	☐ 1/4 - 1/2	☐ >1/2
2C Apical cap ☐ Y ☐ N	☐ R	☐ L			

Central abnormalities ☐ Y ☐ N

3A Tracheal deviation ☐ Y ☐ N	☐ R	☐ L		
3B Mediastinal shift ☐ Y ☐ N	☐ R	☐ L		
3C Hilar elevation ☐ Y ☐ N	☐ R	☐ L		
3D Lymphadenopathy ☐ Y ☐ N	**Hilar** ☐ R	☐ L	**Mediastinal** ☐ R	☐ L

Other abnormalities ☐ Y ☐ N

Surgical
- ☐ Bullets/Artifact/Foreign body
- ☐ Suspected lung resection
- ☐ Sternotomy wire/clips

Cardiac
- ☐ Enlarged
- ☐ Any Abnormality

Skeletal
- ☐ Rib fracture or abnormality
- ☐ Spinal abnormality

Lung
- ☐ Bullae
- ☐ Bronchiectasis
- ☐ Suspected cancer

Lung
- ☐ Hyperinflation
- ☐ Pneumothorax
- ☐ Mycetoma
- ☐ Volume loss

☐ Y ☐ N Radiograph completely normal

☐ Y ☐ N Abnormalities consistent with TB

If No, specify _____