Section A: Reason for Chart Abstraction

1. Are there corrected ZD interval dates?  
   - No (skip to Q2)  
   - Yes (change interval start date)  
   - Yes (change interval end date)  
   - Yes (change both interval dates)

1a. New/Corrected ZD start date: ______.-______.-20______ [15]
    New/Corrected ZD end date: ______.-______.-20______ [16]

2. Reason for medical records abstraction (check only one)  
   - Abstraction List (Standard or NF)  
   - CC  
   - EVP  
   - Other, specify: ____________________________ [18]

3. Was the interval requested to obtain follow-up on one or more positive screens?  
   - No (Skip to Section C)  
   - Yes (Complete Section B)
## Section B: NF Data

**Instructions:** The Abstractor will use information from the NF form(s) provided by the site RA for this interval, as well as the abstraction indication(s) noted on the NF list, to complete the following table. If an interval was not requested for a particular screen or if the NF form is not available for a particular screen, leave the row blank. For Columns A and B, please refer to the relevant reason code table below.

<table>
<thead>
<tr>
<th>Positive Screen</th>
<th>A. Report whether diagnostic follow-up care of the positive screen occurred</th>
<th>B. Indicate why diagnostic follow-up did not occur</th>
<th>C. Identify source of information for responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0 +</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1 +</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2 +</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A. Report whether diagnostic follow-up of the positive screen occurred during this interval** *(choose only one)*

1. Unable to determine whether diagnostic follow-up occurred (Skip to Column C)
2. Diagnostic Follow-up did occur (Skip to Column C)
3. Diagnostic follow-up did not occur (Complete Column B)

**B. Diagnostic follow-up did not occur, indicate why** *(choose only one)*

1. Provider was not aware of screening results or recommendations
2. Provider was aware of screening results and recommendations but chose not to follow-up
3. Participant declined to undergo follow-up for primarily financial reasons
4. Participant declined to undergo follow-up for other reasons (not primarily financial)
5. Provider and/or radiologist recommended repeat exam in one year / next annual NLST screen
6. Provider and/or radiologist recommended diagnostic follow-up to be done at future date (outside the expected time interval)
7. Radiologist did not recommend diagnostic follow-up
8. Other, specify: ________________
Section C: Availability of Records

   - [ ] 1 No (Skip to and complete Section D, then sign and date form)
   - [ ] 2 Yes (Retired - kept for historical purposes)
   - [ ] 3 Yes (Records available for all indications)
   - [ ] 4 Yes (Some records available, but not for all indications)
      (Complete Q5, and Section D)

5. Were the medical records complete? [4]
   - [ ] 1 No (Retired - kept for historical purposes)
   - [ ] 2 Yes
   - [ ] 3 No (Care gave site an MRR)
   - [ ] 4 No (Site verified unable to obtain some records)

Section D: NR Data

Instructions: The Abstractor will use information from the NR form(s), as well as the abstraction indication(s) on the abstraction list, to complete the following table. If the interval was not requested for a particular indication then leave the row blank. For Column B, please refer to the relevant reason code table below.

<table>
<thead>
<tr>
<th>Indication(s) for Medical Outcomes Collection</th>
<th>A. Check the applicable indication(s) for records collection request</th>
<th>B. If absolutely NO records are available for the indication listed, record the reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0 [+ ] screen</td>
<td>[ ] [35]</td>
<td>[ ] [36] [ ] [37]</td>
</tr>
<tr>
<td>T1 [+ ] screen</td>
<td>[ ] [38]</td>
<td>[ ] [39] [ ] [40]</td>
</tr>
<tr>
<td>T2 [+ ] screen</td>
<td>[ ] [41]</td>
<td>[ ] [42] [ ] [43]</td>
</tr>
<tr>
<td>5% Sample</td>
<td>[ ] [44]</td>
<td>[ ] [45] [ ] [46]</td>
</tr>
<tr>
<td>Code 3 screen</td>
<td>[ ] [47]</td>
<td>[ ] [48] [ ] [49]</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>[ ] [50]</td>
<td>[ ] [51] [ ] [52]</td>
</tr>
<tr>
<td>Other cancer</td>
<td>[ ] [53]</td>
<td>[ ] [54] [ ] [55]</td>
</tr>
<tr>
<td>Other, specify</td>
<td>[ ] [59]</td>
<td>[ ] [56] [ ] [57] [ ] [58]</td>
</tr>
</tbody>
</table>

Reason Codes for Column B:
1. Abstraction for this interval was triggered in error
2. Participant withdrew consent for records retention
3. Records request refused by provider / facility
4. Provider(s) or provider contact information unknown
5. No Records to Obtain
88 Other, specify:  __________________________________________________________
### Section E: Summary of Chart Abstraction Data

6. Were there Outpatient Provider visits during this time interval? [6]
   - 1 No
   - 2 Yes (Records Complete)
   - 3 Yes (Records Incomplete)
   - 4 Yes (Records can not be obtained)

7. Were there Emergency Room visits during this time interval? [6]
   - 1 No
   - 2 Yes (Records Complete)
   - 3 Yes (Records Incomplete)
   - 4 Yes (Records can not be obtained)

8. Were there Hospitalizations during this time interval? [7]
   - 1 No
   - 2 Yes (Records Complete)
   - 3 Yes (Records Incomplete)
   - 4 Yes (Records can not be obtained)

9. Were cytology or pathology samples collected during this time interval? [8]
   - 1 No
   - 2 Yes (Records Complete)
   - 3 Yes (Records Incomplete)
   - 4 Yes (Records can not be obtained)

10. Was this participant diagnosed with a Primary Lung Cancer during this time interval? [9]
    - 1 No
    - 2 Yes (Records Complete)
    - 3 Yes (Records Incomplete)
    - 4 Yes (Records can not be obtained)

**COMMENTS:**

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Abstractor ID

Date form completed (mm-dd-yyyy)