Instructions: Study sites will be provided with a list of positive screen participants with no reported diagnostic follow-up. Investigate each case to confirm, as best as possible, whether or not diagnostic follow-up of the positive screen occurred. Document the results of the investigation using this worksheet and file in the participant’s Outcomes Chart. This worksheet must be completed for each positive screen participant with no reported diagnostic follow-up (per the case list), including those on whom follow-up is found to have occurred. CARE Communications will collect this data as part of the abstraction process. This form is not data entered by site RA.

Interval Start Date: _____ - _____ - 20_____ Interval End Date: _____ - _____ - 20_____ (mm-dd-yyyy) (mm-dd-yyyy)

Report whether diagnostic follow-up of the positive screen occurred during this interval (check only one):

a. ☐ Unable to determine whether diagnostic follow-up occurred
   (This may occur when providers are unknown, participants are lost to follow-up, or NP-level 2 or 3)

b. ☐ Diagnostic follow-up did occur
   Obtain medical records for requested interval(s) for abstraction. If unable to locate or obtain interval medical records (from any provider / facility), complete the NR Worksheet. CARE abstractors will use the NR worksheet to document the reason records abstraction cannot be performed.

c. ☐ Diagnostic follow-up did not occur, indicate why (check 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 ________________________________

Identify source of information for above responses (check all that apply):

1 ☐ Provider
2 ☐ Participant
3 ☐ Other, specify ________________________________

______ - _____ - 20_____ Signature of person responsible for data
Date worksheet completed (mm-dd-yyyy)

Notes: