1. Indicate Screening Visit:
   1. Baseline Screen
   2. Incidence Screen, year 1
   3. Incidence Screen, year 2

2. Date of Screening CXR: ____________ (mm-dd-yyyy)

3. Visit number (for above screening visit):
   1. One
   2. Two

Part A. Technical Parameters
(completed by technologist; for Q6-10 record the technical parameters of the highest exposure that was performed)

4a. Total number of exposures performed to complete Screening CXR exam

4b. Number of images submitted to ACRIN that comprise this exam

5. How was the CXR obtained?
   1. Screen Film (SF)
   2. Computed Radiography (CR)
   3. Direct Digital Radiography (DR)
   4. Thoravision

6. ____________ kVp (acceptable kVp range: 100-150)

7. ____________ . ____________ mAs (based on CXR equipment report either mAs or mA and time; mAs should be <10 except for large participants)

8. ____________ mA (based on CXR equipment report either mAs or mA and time; mA should be between 100-1000)

9. ____________ Time (msec: exposure time should normally not exceed 40 msec)

10. ____________ Exposure Value (for digital units, if known)

11. CXR Unit ID (as identified on CXR Equipment Data Form)

12. Technologist ID: ________________________________ (technologist exposing the participant)

Part B. Screening CXR Findings (completed by radiologist)

13. Indicate the overall diagnostic quality of the CXR:
   1. Diagnostic CXR (skip to Q14)
   2. Limited CXR, but interpretable (complete table below)
   3. Non-diagnostic CXR (complete table below)

Which of the following affected the quality of the limited or non-diagnostic CXR? (check all that apply)

- Low lung volumes
- Lungs incompletely imaged
- Poor positioning
- Motion degradation
- Incorrect exposure or other technical parameter
- Artifacts obscure anatomy
- Incorrect processing algorithm
- High image noise
- Other, specify: ________________________________
14.  Are there any abnormalities to report on this CXR?
   1. No (skip to Q15)
   2. Yes (complete chart below)

Record each finding below using CONSECUTIVE F-numbers. DO NOT SKIP F-NUMBERS
- Record data in fields for location, dimensions and margins ONLY for Code 51 abnormalities.
- If ≥ 6 nodules not suspicious for lung cancer are seen, record as 62; do not record individual nodules.
- Use text lines to specify abnormalities ONLY for Codes 63, 64, and 65.
- To document additional text data, use "Part D Other observations/comments;" this will be web-entered.
- Descriptive data NOT intended for web-entry should appear outside of data entry fields.

<table>
<thead>
<tr>
<th>Abnormality Codes</th>
<th>Complete for Code 51 Nodules or Masses Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location of Epicenter</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>51 Non-calcified nodule or mass</td>
<td>1 Rt upper zone</td>
</tr>
<tr>
<td>53Benign nodule(s) (benign calcification)</td>
<td>2 Rt mid zone</td>
</tr>
<tr>
<td>54 Atelectasis, segmental or greater</td>
<td>3 Rt lower zone</td>
</tr>
<tr>
<td>55 Pleural thickening or effusion</td>
<td>4 Lt upper zone</td>
</tr>
<tr>
<td>56 Non-calcified hilar/mediastinal adenopathy or mass (&gt;10mm short axis)</td>
<td>5 Lt mid zone</td>
</tr>
<tr>
<td>57 Chest wall abnormality (bone destruction, metastasis, etc.)</td>
<td>6 Lt lower zone</td>
</tr>
<tr>
<td>58 Consolidation</td>
<td>7 Other, specify</td>
</tr>
<tr>
<td>59 Emphysema</td>
<td></td>
</tr>
<tr>
<td>60 Significant cardiovascular abnormality</td>
<td></td>
</tr>
<tr>
<td>61 Reticular/reticulonodular opacities, honeycombing, fibrosis, scar</td>
<td></td>
</tr>
<tr>
<td>62 6 or more nodules not suspicious for cancer (opacities &gt;4mm)</td>
<td></td>
</tr>
<tr>
<td>63 Other potentially significant abnormality above the diaphragm, (specify below)</td>
<td></td>
</tr>
<tr>
<td>64 Other potentially significant abnormality below the diaphragm, (specify below)</td>
<td></td>
</tr>
<tr>
<td>65 Other minor abnormality noted (specify below)</td>
<td></td>
</tr>
</tbody>
</table>

F1 ____________________________________________________________________________
F2 ____________________________________________________________________________
F3 ____________________________________________________________________________
F4 ____________________________________________________________________________
F5 ____________________________________________________________________________
F6 ____________________________________________________________________________
F7 ____________________________________________________________________________
F8 ____________________________________________________________________________
F9 ____________________________________________________________________________
F10 __________________________________________________________________________
F11 __________________________________________________________________________
F12 __________________________________________________________________________
F13 __________________________________________________________________________
F14 __________________________________________________________________________

999 Unable to determine 99 Unable to determine
Part C. Results and Recommendations
(completed by radiologist based on screening CXR)

15. Indicate the result for this screening CXR:
   1. Negative screen, no significant abnormalities (skip to Q17)
   2. Negative screen, minor abnormalities not suspicious for lung cancer (skip to Q17)
   3. Negative screen, significant abnormalities not suspicious for lung cancer (skip to Q17, provide a follow-up recommendation)
   4. Positive screen, nodule(s), mass(es) or other abnormalities suspicious for lung cancer
   5. Inadequate CXR, non-diagnostic exam (skip to Part D)

16. Indicate the overall suspicion for primary lung cancer (subjective impression) based on this screening CXR:
   1. No suspicion
   2. Low suspicion
   3. Intermediate suspicion
   4. Moderately high suspicion
   5. High suspicion

17. What is the recommended next step for this study participant? (check all that apply)
   - No diagnostic intervention necessary
   - Comparison with historical images. If not available, recommend...NOTE: must check other procedure(s) in the event that historical images are not available
   - Follow-up chest x-ray to better determine whether the finding observed on screening CXR is indeed a lung abnormality and its location (check all that apply)
     - PA/LAT
     - Apical-lordotic
     - Shallow oblique views
     - PA/LAT with nipple markers
     - Other, specify:
   - Chest fluoroscopy to better determine whether the finding observed on screening CXR is indeed a lung abnormality and its location
   - Low kV chest x-ray to determine whether the screening abnormality is calcified
   - Follow-up chest x-ray in three (3) months
   - Diagnostic chest CT
   - Contrast-enhanced CT nodule densitometry
   - FDG-PET
   - Tech-99m depreotide scintigraphy
   - Biopsy (percutaneous, thoracoscopic, open, etc.)
   - Other, specify:
   - Low-dose helical CT (check all that apply)
     - 3 months from screening exam
     - 6 months from screening exam
     - 3 to 6 months from screening exam
     - 12 months from screening exam
     - 24 months from screening exam

Part D. Conclusion
Other observations / comments: ________________________________

18. Reader ID: __________________________ (Stamp acceptable)
19. Date of Interpretation: 2000 (mm-dd-yyyy)
20. Reader Signature: ________________________________

Signature of person responsible for data 1 ________________________________
Signature of person entering data onto web 2 ________________________________
Date form completed (mm-dd-yyyy) ________________________________