### Instructions:
Please complete this form based on best knowledge of medical care obtained following a positive screening result. Assessment for follow-up should continue until next scheduled NLST screen or for up to 12 months from the [+] screen. If follow-up occurred, record the name(s) of the provider(s) on the Provider Summary ID sheet. All dates should be reported as mm-dd-yyyy. This paper form is completed by the Site and faxed (215-717-0936) or mailed directly to ACRIN Data Management for data entry. The form is **not** web entered.

1. **Screening:**  
   - [ ] T0  
   - [ ] T1  
   - [ ] T2  (check only one)

2. **Date of Exam:**  
   - [ ] - 20 (mm-dd-yyyy)

3. **Source of information for completion of FL Form** (check all that apply)  
   - [ ] NLST chart notes  
   - [ ] Medical records  
   - [ ] Primary care provider  
   - [ ] Other provider(s)  
   - [ ] Participant  
   - [ ] Representative for participant (participant unable to provide information)  
   - [ ] Other source: [ ]  
   - [ ] No information available

4. **Did the participant, at any time during the interval between annual screens, undergo any diagnostic follow-up as a result of the positive screen? For participants who missed their annual screen, or if positive screen was at T2, was there any diagnostic follow-up within 12 months of the positive screen?**  
   - [ ] No  
   - [ ] Yes (Skip Q5, request medical records from appropriate provider(s) on the provider summary ID sheet for medical chart abstraction)  
   - [ ] Unable to determine (Skip Q5)

5. **Reason why diagnostic follow-up of the positive screen did not occur:** (check only one)  
   - [ ] Provider was not aware of screening results or recommendations  
   - [ ] Provider was aware of screening results and recommendations but advised no follow-up  
   - [ ] Participant declined to undergo follow-up for primarily financial reasons  
   - [ ] Participant declined to undergo follow-up for other reasons (not primarily financial)  
   - [ ] Provider recommended repeat exam in one year / next annual NLST screen  
   - [ ] Provider recommended diagnostic follow-up to be done at future date (outside the expected time interval)  
   - [ ] Unable to determine  
   - [ ] Other, specify [ ]

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**Signature of person responsible for data**  
**Date form completed**