

* Readers should receive appropriate training in advance
 * Uncertain abnormalities should not be recorded
 * Cross should be made, unless otherwise stated

0.1 Subject number

0.2 Date of X-ray
 DD MM YYYY

0.3 Radiograph quality 1 = high quality, 2 = acceptable, 3 = barely readable, 4 = unreadable. Comment:

1.0 Radiograph completely normal Y N check when full assessment has been completed

2.0 Any abnormalities consistent with TB Y N check when A to E assessment has been completed

A.1 Cavitation 0 R L

0 = no lesions; R or L = right or left lung zones affected by the lesions of interest; depending on the spread of lesions, more than one zone can be selected.
 = upper zones
 = middle zones
 = lower zones

A.2 Infiltration 0 R L

opacities not to represent cavitation, scar, or nodules

A.3 Nodules (any size) 0 R L

nodular lesion of any size

A.4 Fibrotic scarring 0 R L

volume loss/collapse/bronchiectasis is often associated

A.5 Pleural thickening 0 R L

A.6 Calcification 0 R L

calcification related to active or healed TB lesions

B.1 Pleural effusion 0 R L

C.1 Previous X-ray Y N

C.2 Date
 DD MM YYYY

C.3 Present X-ray better same worse

D.1 Hilar lymphadenopathy 0 R L

E.1 Any other abnormality consistent with tuberculosis Y N Specify:

3.0 Any other abnormality Y N Specify:

0.4 Reader

0.5 Reading date
 DD MM YYYY