



12095

## CHEST X-RAY INTERPRETATION

*This questionnaire should be completed for all Index Cases and Household Contacts who develop active TB.*

Index case ID: SUBJID

1 0 2 - 0 -

Family ID number:

- FID

Date of Chest X-ray: CXR\_CXRDAT

/ / Day Month Year

CX\_R\_VISIT  
Visit type: ☐ Baseline ☐ Month 2 ☐ End of Treatment ☐ Household Contact TB Activation

## 1. Was chest X-ray performed? CXR\_PERF

☐ Yes (Go to Question 2) ☐ No → Reason: ☐ Pregnant ☐ Other (specify): CXR\_CXRNDREAOTH  
CX\_R\_CXRNDREA

## 2. Chest X-ray findings

|                           |  | Right   | Left  |
|---------------------------|--|---|---|
| Lung Opacity<br>(Shadows) | Upper Zone (Apex<br>to anterior end of<br>2nd rib)         | <input type="checkbox"/> 1 Cavitation 1 CXR_OPACRU<br><input type="checkbox"/> 2 Opacity (Shadows other than<br>cavitation) 2<br><input type="checkbox"/> 3 No opacity (no shadows) 3 | <input type="checkbox"/> 1 Cavitation 1 CXR_OPACLU<br><input type="checkbox"/> 2 Opacity (Shadows other than<br>cavitation) 2<br><input type="checkbox"/> 3 No opacity (no shadows) 3 |
|                           | Mid Zone (2nd to<br>4th rib)                               | <input type="checkbox"/> 1 Cavitation 1 CXR_OPACRM<br><input type="checkbox"/> 2 Opacity (Shadows other than<br>cavitation) 2<br><input type="checkbox"/> 3 No opacity (no shadows) 3 | <input type="checkbox"/> 1 Cavitation 1 CXR_OPACLM<br><input type="checkbox"/> 2 Opacity (Shadows other than<br>cavitation) 2<br><input type="checkbox"/> 3 No opacity (no shadows) 3 |
|                           | Lower Zone<br>(Anterior end of<br>4th rib to<br>diaphragm) | <input type="checkbox"/> 1 Cavitation 1 CXR_OPACRL<br><input type="checkbox"/> 2 Opacity (Shadows other than<br>cavitation) 2<br><input type="checkbox"/> 3 No opacity (no shadows) 3 | <input type="checkbox"/> 1 Cavitation 1 CXR_OPACLL<br><input type="checkbox"/> 2 Opacity (Shadows other than<br>cavitation) 2<br><input type="checkbox"/> 3 No opacity (no shadows) 3 |
| Mediastinal<br>adenopathy |  | <input type="checkbox"/> Present 1 CXR_ADENOR<br><input type="checkbox"/> Absent 2  | <input type="checkbox"/> Present 1 CXR_ADENOL<br><input type="checkbox"/> Absent 2  |
| Pleural<br>effusion       |  | <input type="checkbox"/> Present 1 CXR_PLEFR<br><input type="checkbox"/> Absent 2   | <input type="checkbox"/> Present 1 CXR_PLEFL<br><input type="checkbox"/> Absent 2   |

## 3. Chest X-ray Score

3a. Percentage of lung affected:

% CXR\_CXRSCOR

3b. Is cavitation present?

☐ Yes CXR\_CAVIT  
☐ No

Signature of Data Collector: CXR\_SIGN

Initials of Data Collector:

/

Date Completed:

/

/

CXR\_COMPDTE

Day

Month

Year