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 2 3 4
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 □ □ □ □ □
= 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 …………………………………………………

E.2 Specify: …………………………………………………

E.3 Any other abnormality □ Y □ N …………………………………………………

E.4 Specify: …………………………………………………

3.0 Any other abnormality □ Y □ N …………………………………………………

0.4 Reader

0.5 Reading date

DD MM YYYY