

Childhood Pneumonia Surveillance
Department of Paediatrics, KGMU, Lucknow ,UP

Form-R
(RADIOLOGY REPORT FORM)

1	Drs_ID	[][][][]
	Radiology Report	Patient Details
2	IDNo:	[] / [] / [][][] / [][][][] State /District / Unit / Subject number (For office use)
2	Date Of Report	[][] / [][] / [][][][] (DD/MM/YYYY)
	Report Details	Findings (tick one)
3	Image Quality	Adequate <input type="checkbox"/> Suboptimal <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
4	Significant Pathology	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
5	End Point Consolidation	
5a	Left	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
5b	Right	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
		Uninterpretable
6	Other Infiltrates/Abnormalities	
6a	Left	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
6b	Right	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
7	Pleural Fluid	
7a	Left	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
7b	Right	Yes <input type="checkbox"/> No <input type="checkbox"/> Un-interpretable <input type="checkbox"/>
8	Comments:	<input type="text"/>
9	Conclusion:	a) Primary endpoint pneumonia only <input type="checkbox"/> b) Other infiltrate only <input type="checkbox"/> c) Both PEP and other infiltrate <input type="checkbox"/> d) Normal <input type="checkbox"/> e) Un-interpretable for any findings <input type="checkbox"/>