Appendix 1

CT Assessment Scoresheet

| Site ID | |
|-----------------------|--|
| Subject ID | |
| CT Scan Date | |
| CT Technologist | |
| Scanner Name/Location | |

CT Image Acquisition

| Completed | Scan | Breath-hold time | mA or mAs | Reconstructed collimation | CT Dose Index |
|-----------|-------------|------------------|-----------|---------------------------|---------------|
| | Inspiratory | | | | |
| | Expiratory | | | | |

CT Assessment Scoresheet

| Adequate Inspiration | □Yes | $\Box No$ |
|---------------------------------|------|-----------|
| Motion Artifact | □Yes | $\Box No$ |
| Inclusion of All Parts of Lungs | □Yes | $\Box No$ |
| Adequate Expiration | □Yes | $\Box No$ |

Comments

Radiologist 1 Signature

Radiologist 2 Signature

* Findings of concern should be communicated to PI

Exam quality

Adequate Inspiration: Adequacy of inspiration should be judged subjectively.

Inclusion of Entire Lung: All parts of the lung must be included.

Respiratory Motion Artifact: Respiratory motion artifact should be recorded. If respiratory artifact affects more than 1 cm of lung on inspiration or on expiration, the scan should be repeated. Respiratory motion artifact can be distinguished from transmitted cardiac motion by the fact that cardiac motion predominantly affects the left lower lung.

Adequate Expiration: Adequacy of expiration should be judged subjectively, and by determining whether the posterior tracheal membrane is infolded.

Concern for cancer Noncalcified, non-fatty nodule >8 mm Endobronchial mass

Concern for clinically significant ILD ILD affecting more than 10% of lung parenchyma

Concern for clinically significant bronchiectasis

Varicose or cystic bronchiectasis Cylindric bronchiectasis with tree-in-bud pattern

* Findings of concern should be communicated to PI