Participant ID #: Acrostic:  Technician ID:  Date:  Date:
Lung CT No Contrast Protocol:  Month Day Year
FORCE Completion Form
SECTION A
1. Did participant consent to the lung CT?
O Yes
O No — STOP. Do not perform any CT scan.
O Refused (after consenting) STOP. Do not perform any CT scan.
SECTION B: Non-Contrast CT Scanning Protocol (3 non-contrast scans)
START OF SECTION B
Scan 1: Non-contrast CT at full-inspiration (TLC)
Scan performed:
O No → Reason:
O Yes — Actual DLP:
Is actual DLP more than 200 mGy*cm?
O No — Continue to Scan 2
O Yes — DO NOT CONTINUE. END OF STUDY.
Scan 2: Non-contrast CT at relaxed exhalation (FRC)
Scan performed:
O No Reason:
O Yes
Is actual DLP more than 100 mGy*cm?
O No ——— Continue to Scan 3
O Yes — DO NOT PERFORM SCAN 3. SKIP TO

"QUALITY OF PERFORMED SCANS"



## **Lung CT No Contrast Protocol: FORCE Completion Form**

Scan 3: Non-contrast CT at full-exhalation (RV)			
Scan performed:			
O No Reason:			
O Yes — Actual DLP:			
Quality of performed scans:	Yes	No	
Followed breathing instructions for all performed scans	0	0	
Motion artifact on any performed scan	0	0	
Inclusion of whole lung on all performed scans	0	0	
Alarm findings (e.g., large mass, large effusion):			
O Yes			
O No			
Unexpected event:  O No O Yes, specify:			
☐ Fainting episode			
☐ Other:			

END OF SECTION B - DO NOT COMPLETE ANY OTHER CT SCANS FOR THIS STUDY