



LUNG SOUND REVIEWER FORM

ID NUMBER:

FORM CODE:

DATE: 06/01/2011
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Reviewer ID:

General Instructions:

This form is to be completed by the physician listening to the recorded lung sounds.

Recording Present and Interpretable?	a) Rales present?	b) Rhonchi present?	c) Wheezes present?
1. Right mid-lung? Yes <input type="checkbox"/> No <input type="checkbox"/> → GO TO 2	Y / N	Y / N	Y / N
2. Right base? Yes <input type="checkbox"/> No <input type="checkbox"/> → GO TO 3	Y / N	Y / N	Y / N
3. Left mid-lung? Yes <input type="checkbox"/> No <input type="checkbox"/> → GO TO 4	Y / N	Y / N	Y / N
4. Left base? Yes <input type="checkbox"/> No <input type="checkbox"/> → GO TO 5	Y / N	Y / N	Y / N

5. Rate the quality of the recordings:

- Excellent.....
- Good.....
- Fair
- Poor

5a. If fair or poor, then specify why _____