

GREAT-2 Worksheet – Exacerbation Form

Exacerbation Record

1. Onset Date (dd-mm-yyyy)
2. End Date (dd-mm-yyyy)
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Assessment of Exacerbation

Has the participant experienced a deterioration in any of the following key symptoms for at least 48 hours?

4. Cough Yes No
5. Sputum volume and/or consistency Yes No
6. Sputum purulence Yes No
7. Fatigue and/or malaise Yes No
8. Breathlessness and/or exercise tolerance Yes No
9. Haemoptysis Yes No
10. How many Symptoms experienced?
11. Has the participant experienced 3 or more of the above symptoms? Yes No
- 11.1 If Yes - Has a clinician determined that the participant requires a change in their bronchiectasis treatment? (NB – If Yes, do not answer Q12)** Yes No
12. Has a clinician prescribed antibiotic therapy? Yes No
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Type of Exacerbation

13. Type of Exacerbation (auto calculated on Castor from previous answers) – please follow any instructions as provided
14. Has the participant attended for an unscheduled visit? Yes No
If YES, complete unscheduled visit form
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