

Participant ID [_][_][_][_]

Initials [_][_][_]

GREAT-2 Worksheet



Unscheduled Visit Assessment

Form Unscheduled Visit Assessment

1. Date of Unscheduled Visit (dd-mm-yyyy)

Concomitant Medications

Review each medication and check it is still ongoing at each visit

1. Review Concomitant Medications: Respiratory Medication
 2. Review Concomitant Medications: Other Concomitant Medication
-

Physical Examination

Respiratory

- Normal
 Abnormal - not clinically significant
 Abnormal - clinically significant

If abnormal, provide details

Cardiovascular

- Normal
 Abnormal - not clinically significant
 Abnormal - clinically significant

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If abnormal, provide details

Abdominal

- Normal
- Abnormal - not clinically significant
- Abnormal - clinically significant

If abnormal, provide details

Neurological

- Normal
- Abnormal - not clinically significant
- Abnormal - clinically significant

If abnormal, provide details

Dermatological Normal

- Abnormal - not clinically significant
- Abnormal - clinically significant

If abnormal, provide details

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Other

Abnormal - not clinically significant

Abnormal - clinically significant

If 'Other' is 'Abnormal' provide details

Vital Signs

Check Vital Signs

Blood pressure – Systolic

mm Hg

Blood pressure – Diastolic

mm Hg

Pulse rate

beats/min

Temperature

°C

Oxygen saturation

%

Blood Samples

1. Have research blood samples been obtained as per laboratory manual?

Yes No

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Sputum Samples

1. Have sputum samples for research been obtained as per laboratory manual? Yes No
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Questionnaires

1. Has the Quality of Life-Bronchiectasis questionnaire (QOL-B) been completed? Yes No
2. Has the Bronchiectasis Impact Measure Questionnaire (BIM) been completed? Yes No
-

Adverse Events

1. Complete Adverse Event Log for each Adverse Event
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