

GREAT-2 Worksheet – Visit 4 Treatment Phase

39. Date of Visit 4

39.1 Date of Visit 4 (dd-mm-yyyy)

40. Concomitant Medications

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

40.1 Review Concomitant Medications: Respiratory Medication

40.2 Review Concomitant Medications: Other Concomitant Medication

41. Adverse Events since last visit

Complete **Adverse Event Log** for each Adverse Event since last visit

42. Exacerbation recording

42.1 Has the participant experienced any symptoms of Exacerbation since last visit? Yes No

If Yes – complete Exacerbation Form

43. Questionnaires

43.1 Has the Quality of Life-Bronchiectasis Questionnaire (QOL-B) been completed? Yes No

43.2 Has the Bronchiectasis Impact Measure Questionnaire (BIM) been completed? Yes No

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

Initials [_] [_] [_]



44. Vital Signs

Blood pressure – Systolic

mm Hg

Blood pressure – Diastolic

mm Hg

Pulse rate

beats/min

Temperature

°C

Oxygen saturation

%

45. Blood Samples

45.1 Have research blood samples been obtained as per laboratory manual?

Yes No

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

Initials [_] [_] [_]

46. Sputum Samples

46.1 Have sputum samples for research been obtained as per laboratory manual? Yes No

46.2 Result of sputum colour assessment

- Clear
- Clear to yellow
- Yellowish-green
- Brownish-dark
- Green with traces of blood
- No sputum produced
- Other

46.2.1 **If Other** – please provide details
