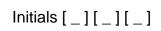




GREAT-2 Worksheet - Visit 4 Treatment Phase

39.	Date of Visit 4			
39.1	Date of Visit 4	(dd-mm-yyyy)		
40.	. Concomitant Medications			
Revie	ew each medication and check it is still ongoing at each	ch 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		





44. Vital Signs

Blood p	oressure – Systolic		mm Hg
Blood p	oressure – Diastolic		mm Hg
Pulse ra	ate		beats/min
Tempe	rature		°C
Oxyger	n saturation		%
45. I	Blood Samples		
	Have research blood samples been obtained as per laboratory manual?	O Yes	○ No





46. Sputum Samples

46.1	Have sputum samples for research been obta as per laboratory manual?	ined O Yes O No
46.2	Result of sputum colour assessment	○ Clear
		O Clear to yellow
		O Yellowish-green
		O Brownish-dark
		O Green with traces of blood
		O No sputum produced
		Other
	46.2.1 If Other – please provide details	