

Participant ID [][][][]

Initials [][][]

GREAT-2 Worksheet – Visit 1 Screening

1. Informed Consent

1.1 Date of Screening V1 (dd-mm-yyyy)

1.2 Date of Informed Consent (dd-mm-yyyy)

1.4 Has the participant provided consent for blood and sputum samples to be stored for future research? Yes No

1.5 Has the participant provided consent for blood samples to be stored for future genetic research? Yes No

2. Demographics, Height & Weight

2.1 Age

2.2 Gender at birth Male Female

2.3 Ethnicity

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

White and Black Caribbean

White and Asian

Indian

Bangladeshi

Any other Asian background

Caribbean

Any other Black/African/Caribbean background

Arab

Unknown

Any other White background

White and Black African

Any other Mixed/Multiple ethnic background

Pakistani

Chinese

African

Any other ethnic group

2.3.1 If Ethnicity is Any other ethnic group, then provide details

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Height & Weight

2.4 Height
(to 2 decimal places)

186

m (to the nearest cm - e.g. 1.64m)

2.6 Weight
(to 1 decimal places)

180.1

kg (to the nearest 0.1kg e.g. 68.2kg)

3. Medical History

Has the participant had any of the following?

Please indicate any history of chronic medical conditions by selecting yes

- | | | |
|--|---------------------------|-------------------------------------|
| 3.1 Asthma | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.2 Nasal polyps | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.3 COPD | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.4 Rhinosinusitis | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.5 Angina | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.6 Atrial Fibrillation | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.7 Myocardial Infarction | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.8 Cardiac Failure | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.9 Liver Cirrhosis | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.10 Osteoporosis | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.11 Anxiety | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.12 Depression | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3.13 Other relevant medical conditions | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

3.13.1 If yes, provide details

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Has the participant had any of the following cancers?

3.14 Lung Cancer Yes No

3.14.1 If YES, currently active? Yes No

3.15 Haematological Malignancy Yes No

3.15.1 If YES, currently active? Yes No

3.16 Other Solid Tumours Yes No

3.16.1 If YES, currently active? Yes No

3.16.2 Details

4. Smoking History

4.1 What is the participant's smoking status? Current
 Ex
 Never

4.2 Smoking Status Calculation

Pack years can be calculated at <https://www.smokingpackyears.com/>

*Smoked 10 cigarettes per day
for 5 years*

4.2.2 Approximate Pack Years

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5. Concomitant Medications

Review participant medications and record on Concomitant Log.

5.1 Complete Concomitant Medications: Respiratory Medication

5.2 Complete Concomitant Medications: Other Concomitant Medication

Review the Concomitant Medications logs at each visit and ensure that Castor is updated.

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6. Vital Signs

Blood pressure – Systolic

195

mm Hg

Blood pressure – Diastolic

89

mm Hg

Pulse rate

67

beats/min

Temperature

°C

Oxygen saturation

97

%

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GREAT-2 Worksheet – Visit 2 Baseline & Randomisation

16. Date of Visit 2

16.1 Date of Visit 2

(dd-mm-yyyy)

Visit 2 must be within 35 days of visit 1.

17. Pregnancy Test - Serum

Tick NA for male participants and female participants who are permanently sterile or post-menopausal

17.1 Has serum pregnancy test been performed at screening? Yes No NA

Female participants who are not permanently sterile or post-menopausal should have a pregnancy test

18. Pregnancy Test – Urine

18.1 Has urine pregnancy test been performed on day of visit? Yes No NA

Female participants who are not permanently sterile or post-menopausal should have a pregnancy test

19. Sputum sample for *P.aeruginosa* testing

19.1 Result of sputum sample for *P. aeruginosa* taken at screening visit Positive Negative
If Negative - Participant not eligible to take part in the trial

20. Blood Tests Reviewed

20.1 Have blood tests taken at screening been reviewed by a doctor? (Must be YES before continuing) Yes No

