

Participant name Hospital ID/CHI: Date of Birth:

name:	
/CHI:	
th:	

Value of inhaled treatment with A	ztreonam lysine in bronchiectasis- VITAL- BE
Sponsor	University of Dundee-NHS Tayside

Chief	Investigator
IRAS	number

University of Dundee-NHS Tayside Professor James Chalmers 252929

Principal Investigator	
Contact number	
Contact email	

Visit number	Visit 4
Date of visit:	

The above participant has agreed to take part in the VitalBE clinical trial and has attended for follow-up phone call.

Please tick to indicate the following has been completed:

- Confirmed participant's identity
- Participant has verbally given their consent to continue in the trial Visit has been carried out as per protocol

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## To be completed over the telephone

Is St George's Respiratory Questionnaire being completed?	Yes	No
Is Quality of Life Bronchiectasis Questionnaire being completed?	Yes	No
Is Bronchiectasis Health Questionnaire being completed?	Yes	No

The following must have source data documented in the medical notes. If not documented elsewhere these should be written in the notes.

Changes to concomitant medications/respiratory medications since last visit

Any adverse events since last visit

Any pulmonary exacerbations since last visit

Any other notable findings and actions taken

## **Trial medication**

## Tick to confirm:

Participant has been given trial medication, nebuliser and handset

If the participant was withdrawn from the trial at this visit state reason:

Signature:	
Name:	
Job title:	
Date:	