

Participant ID			



AIR-NET- Testing anti-inflammatories for the treatment of bronchiectasis

The bronchiectasis exacerbation and symptom tool (BEST) diary card

Date: / / _____

Please complete this symptom diary from day 0 – day 28, when you complete the trial treatment. Let your trial team know if you would prefer to complete this diary electronically.

Please tick one box for each symptom which best describes how you feel today.

Breathlessness	Tick
None	
Breathlessness when hurrying or walking up a slight hill	
Have to walk slowly on level ground or stop for breath after a few minutes on level ground	
Can walk less than 100 m or a few minutes on level ground before having to stop	
Breathless when washing or dressing	

Fatigue	Tick
I do not feel tired	
I feel a little tired	
I feel tired but can still do the things I would like to do	
Tiredness is stopping me from doing some things I want to do	
I am so tired I am unable to carry out my usual activities	

Sputum Volume	Tick
No sputum	
Less than a teaspoon	
Tea spoon to an egg cup	
Egg-cup to a cup	
More than a cup	

Cough	Tick
None	
Mild	
Moderate	
Severe	
Very severe	

Sputum colour	Tick
No sputum	
White	
Yellow	
Green	
Dark green	
Blood stained	

Cold and flu symptoms	Tick
None	
Sore throat, sore muscles, or runny nose	
Fever/ high temperate	
I feel like I have an infection	