

## GREAT-2 Worksheet

**Concomitant Medications: Respiratory Medications**

Review each medication and check if it is still ongoing at each visit. It is necessary to include the name, dose, number of puffs (if applicable) and frequency of administration of antibiotic and respiratory medication. It is not necessary to include additional information for non-respiratory antibiotic medication. These can simply be named in the Other Concomitant Medication. Please use brand names for inhaled therapies and generic names for non-inhaled therapies. Include all antibiotics, inhaled medications, leukotriene antagonists, theophylline and any other receptor respiratory medications.

Name of drug	Dose/unit	Number of puffs (or NA)	Times per day	Ongoing at start of trial? Y / N (if no, add start date)	Ongoing at end of trial? Y / N (if no, add end date)

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

Initials [\_][\_][\_]

Name of drug	Dose	Number of puffs (or NA)	Times per day	Ongoing at start of trial? Y / N (if no, add start date)	Ongoing at end of trial? Y / N (if no, add end date)