

GREAT-2 Worksheet – Visit 3 Treatment Phase

32. Date of Visit 3

32.1 Date of Visit 3 (dd-mm-yyyy)

33. Concomitant Medications

Review each medication and check it is still ongoing at each visit

33.1 Review Concomitant Medications: Respiratory Medication

33.2 Review Concomitant Medications: Other Concomitant Medication

34. Adverse Events since last visit

Complete **Adverse Event Log** for each Adverse Event since last visit

35. Exacerbation recording

35.1 Has the participant experienced any symptoms of Exacerbation since last visit? Yes No

If Yes – complete Exacerbation Form

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

Initials [_] [_] [_]

36. Vital Signs

Blood pressure – Systolic

mm Hg

Blood pressure – Diastolic

mm Hg

Pulse rate

beats/min

Temperature

°C

Oxygen saturation

%

37. Blood Samples

37.1 Have research blood samples been obtained as per laboratory manual?

Yes No

38. Sputum Samples

38.1 Have sputum samples for research been obtained as per laboratory manual?

Yes No