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| Subject ID | | | | |
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| Initials | | |
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Pulmonary Exacerbation Record

An individual record should be completed for each episode of pulmonary exacerbation.

Duration of exacerbation

Onset Date - -

End Date - - Is End Date before Onset Date?

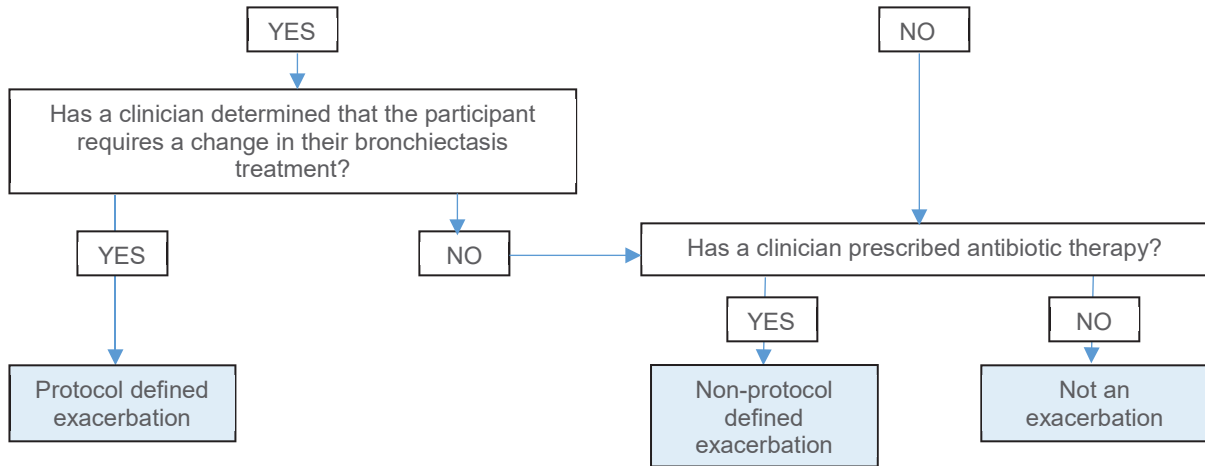
Assessment of exacerbation

Has the participant experienced a deterioration in any of the following key symptoms for at least 48 hours?

| | | | | |
|---|-----|----------------------|----|----------------------|
| a) Cough | YES | <input type="text"/> | NO | <input type="text"/> |
| b) Sputum volume and/or consistency | YES | <input type="text"/> | NO | <input type="text"/> |
| c) Sputum purulence | YES | <input type="text"/> | NO | <input type="text"/> |
| d) Breathlessness and/or exercise tolerance | YES | <input type="text"/> | NO | <input type="text"/> |
| e) Fatigue and/or malaise | YES | <input type="text"/> | NO | <input type="text"/> |
| f) Haemoptysis | YES | <input type="text"/> | NO | <input type="text"/> |

How many symptoms experienced?

Has the participant experienced 3 or more of the above symptoms?



Type of exacerbation (tick one only) Add to number of exacerbations at next visit

| | | |
|--|--------------------------|---|
| Protocol defined exacerbation | <input type="checkbox"/> | <ul style="list-style-type: none"> Complete unscheduled visit If participant has been prescribed antibiotics, add to Concomitant Medications This is NOT an AE |
| Non-protocol defined exacerbation | <input type="checkbox"/> | <ul style="list-style-type: none"> Complete unscheduled visit Add antibiotics to Concomitant Medications This is NOT an AE |
| Not an exacerbation | <input type="checkbox"/> | <ul style="list-style-type: none"> No unscheduled visit required Add diagnosis or individual symptoms to Adverse Events since last visit form |
| Has the participant attended for an unscheduled visit? | | YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, complete unscheduled visit form</i> |