VitalBE Worksheet

Visit 1

If during visit 1 a participant is found to be not eligible, continue and complete all visit 1 assessments except sputum and blood samples.

Informed consent

- Ensure participant has received the correct version of the Participant Information Sheet and that the correct version of the Informed Consent Form has been completed.

Demographic details

- Participants must be 18 years old or over.

Concomitant medication

- List all medications the participant is currently taking on the Concomitant Medications Log.
- List all respiratory medications the participant is currently taking on the Respiratory Medications Log
- A copy of all concomitant medications should be available in the medical notes for source data verification.

History of Bronchiectasis

- Confirmation of bronchiectasis on CT scan should be from an existing scan. A CT scan is not required for this trial.

If no CT confirmation of bronchiectasis, participant is ineligible for trial continue with visit 1 assessments.

- If fewer than 3 exacerbations in the 12 months prior to randomisation, ineligible for trial, continue with visit 1 assessments.
- Hospital admissions are defined as overnight stays.

1. Visit 1 (Screening) - Demographics

Question	Answers
Visit 1 - Date of Visit	[ ] [ ] [ ] *(dd-mm-yyyy)*
Date of informed consent	[ ] [ ] [ ] *(dd-mm-yyyy)*
Participants must be aged between 18 - 120 or are not eligible for trial.	
Age	[ ]
Gender	○ Male ○ Female
Concomitant Medications	
Record all Concomitant Medications	
Respiratory Medications	
Record all Respiratory Medications	
History of Bronchiectasis	
Does the participant have bronchiectasis in at least 1 lobe as shown on CT scan?	○ YES ○ NO
How many exacerbations has the participant had over the past year?	[ ]
How many hospital admissions for respiratory infections has the participant had over the past year?	[ ]

Visit 1

- Date of last exacerbation treated with antibiotic: give last date antibiotic was taken. If day or month not known enter NK. If date is within two months of visit, then exact date must be given, i.e., NK is not acceptable. DD/MM/YYYY

Participants must not have had antibiotics for a pulmonary infection for at least 28 days prior to randomisation. If less than 28 days prior to randomisation, ineligible for trial, continue with visit 1 assessments.

How many emergency department visits for respiratory infections (including NHS 24 and out of hours clinic visits) that did NOT result in admission has the participant had over the past year?	
Date of last exacerbation treated with antibiotics? (DD-MM-YYYY)	

Visit 1

Medical history

- As diagnosed by doctor

Other Relevant Medical Conditions

- As diagnosed by a doctor. This should include: All conditions for which the participant is prescribed medication. Any conditions which might impact on their ability to complete the trial assessments or activities of daily living.

Date of diagnosis is not required.

2. Visit 1 (Screening) - Medical History

Question	Answers
Has the participant had any of the following?	
Asthma	○ YES ○ NO
Nasal polyps	○ YES ○ NO
COPD	○ YES ○ NO
Rhinosinusitis	○ YES ○ NO
Angina	○ YES ○ NO
Atrial Fibrillation	○ YES ○ NO
Myocardial Infarction	○ YES ○ NO
Cardiac Failure	○ YES ○ NO
Liver Cirrhosis	○ YES ○ NO
Osteoporosis	○ YES ○ NO
Anxiety	○ YES ○ NO
Depression	○ YES ○ NO
Chronic Renal Failure	○ YES ○ NO

Visit 1

Medical history continued...

- As diagnosed by doctor

Other Relevant Medical Conditions

- As diagnosed by a doctor.

This should include: All conditions for which the participant is prescribed medication. Any conditions which might impact on their ability to complete the trial assessments or activities of daily living.

Date of diagnosis is not required.

Diabetes	○ YES ○ NO
Other (Please state below)	○ YES ○ NO
Details	
Has the participant had any of the following cancers?	
Lung Cancer	○ YES ○ NO
If YES, Currently active?	○ YES ○ NO
Haematological Malignancy	○ YES ○ NO
If YES, Currently Active?	○ YES ○ NO
Other Solid Tumours (Please state below)	○ YES ○ NO
If YES, Currently Active?	○ YES ○ NO
Details	

Visit 1

Smoking History

- Pack year history should be calculated for all current and ex-smokers.

Pack year history should be calculated from www.smokingpackyears.com

20 cigarettes = 1 pack. Number of pack years = (packs smoked per day) × (years as a smoker).

For participants who roll their own cigarettes, smoke cigars or use a pipe see www.smokingpackyears.com to calculate pack year history.

If a participant's primary diagnosis is Chronic Obstructive Pulmonary Disease and their pack year history is greater than 20 the participant is ineligible for trial. Continue with visit 1 assessments.

3. Visit 1 (Screening) - Smoking History

Question	Answers
What is the participant's smoking status?	○ Current ○ Ex ○ Never
Approximate Pack Years	

Pack years can be calculated here: https://www.smokingpackyears.com/

Visit 1

Vital signs

Should be completed as per the Working Practice Guidelines (WPG)

A record of vital signs should be recorded in the medical notes for source data verification.

4. Visit 1 (Screening) - Vital Signs

Question	Answers
Height	cm
Weight	kg
Sitting Blood Pressure Systolic	mmHg
Sitting Blood Pressure Diastolic	mmHg
Pulse	BPM
Oxygen Saturation (Room Air)	%
Tympanic Temperature	C

Visit 1

Pregnancy test

- All women of childbearing potential must have a pregnancy test.

A woman is considered to be of childbearing potential (WOCBP), i.e., fertile, following menarche and until becoming postmenopausal unless permanently sterile. A postmenopausal state is defined as no menses for 12 months without an alternative medical cause.

If a woman is deemed not of childbearing potential, how this was determined must be documented in medical notes.

If a woman who meets the requirements for having a pregnancy test refuses to have one or he result is positive then the woman is not eligible for the trial. Continue with visit 1 assessments.

5. Visit 1 (Screening) - Pregnancy Test

Question	Answers
Pregnancy test performed?	○ YES ○ NO ○ NOT APPLICABLE
YES, pregnancy test result	○ Positive ○ Negative

Visit 1

Spirometry

- Must be carried out as per WPG.
- Results of spirometry must be entered in medical notes as source data.
- Details of bronchodilation must be recorded in the medical notes.
- If FEV1 % of predicted values is less than 30%, participant is ineligible for the trial. Continue with visit 1 assessments.

6. Visit 1 (Screening) - Spirometry

Question	Answers
Bronchodilation given (as per WPG)	○ YES ○ NO
Spirometry should be carried out 15 minutes after bronchodilator administration	
FEV1 Base	_____ L
FVC Base	_____ L
FEV1 % of predicted values	_____ %
FVC % of predicted values	_____ %
FEF 25-75% of predicted values	_____ %

Visit 1

Bronchiectasis Severity Index

- Go to: **http://www.bronchiectasisseverity.com/15-2/** to calculate BSI score.

If Bronchiectasis Severity Index score is four or less, then participant is not eligible for the trial. Continue with visit 1 assessments.

7. Visit 1 (Screening) - Bronchiectasis Severity Index

Question	Answers
http://www.bronchiectasisseverity.com/15-2/	
Age	◯ <50 ◯ 50-59 ◯ 60-69 ◯ 70-79 ◯ 80+
BMI	◯ <18.5 ◯ 18.5-25 ◯ 26-30 ◯ >30
% FEV1 Predicted	◯ >80% ◯ 50-80% ◯ 30-49% ◯ <30%
Has the participant been hospitalised with a severe exacerbation in the past 2 years?	◯ NO ◯ YES
Number of exacerbations in previous year	◯ 0 ◯ 1-2 ◯ 3+
MRC Breathlessness Score	◯ 1 - Not troubled by breathlessness except on strenuous exercise ◯ 2 - Short of breath when hurrying or walking up a slight hill ◯ 3 - Walks slower then contemporaries on level ground because of breathlessness or has to stop for breath when walking at own pace ◯ 4 - Stops due to breathlessness after walking 100m ◯ 5 - Housebound due to breathlessness or breathless on dressing or undressing
Pseudomonas colonisation	◯ NO ◯ YES
Colonisation with other organisms	◯ NO ◯ YES

Visit 1

Bronchiectasis Severity Index continued…

- Go to: **http://www.bronchiectasisseverity.com/15-2/** to calculate BSI score.

If Bronchiectasis Severity Index score is four or less, then participant is not eligible for the trial. Continue with visit 1 assessments.

Radiological severity	◯ <3 lobes involved ◯ >/=3 lobes involved ◯ Cystic bronchiectasis
Bronchiectasis Severity Index score	

Visit 1

ECG

- If not performed, participant is not eligible for the trial, continue with visit 1 assessments.

ECG must be reviewed by a doctor delegated this role on the Delegation Log and an assessment should be made about the participant's suitability to continue in the trial.

- The doctor reviewing the ECG must sign and date the CRF.
- Any abnormalities should be documented in the medical notes along with any actions taken.
- The ECG must be signed and dated by the doctor reviewing and filed in the medical notes.

8. Visit 1 (Screening) - ECG

Question	Answers
If an ECG is not performed, participant is not eligible for the trial. Continue with Visit 1 assessments.	
ECG Performed/Not Performed	○ Performed ○ Not Performed
ECG Result:	○ Normal ○ Abnormal - not clinically significant ○ Abnormal - clinically significant
Is it appropriate for the participant to continue in the trial?	○ YES ○ NO
ECG to be checked by a doctor on the delegation log	
ECG Signed?	○ YES ○ NO
Signature Date	[ ] [ ] [ ] *(dd-mm-yyyy)*

Visit 1

Physical examination

- If not performed, participant is not eligible for the trial, continue with visit 1 assessments.
- The physical exam must be carried out by a doctor delegated this role on the Delegation Log and an assessment should be made about the participant's suitability to continue in the trial.
- Any abnormalities should be documented in the medical notes along with any actions taken.
- The doctor who carried out the physical exam must sign and date the participants medical notes

9. Visit 1 (Screening) - Physical Examination

Question	Answers
If a physical examination is not completed, the participant is not eligible for the trial. Continue with Visit 1 assessments.	
Physical Examination - Performed/Not Performed?	○ Performed ○ Not Performed
Cardiovascular	○ Normal ○ Abnormal
Respiratory	○ Normal ○ Abnormal
Abdomen	○ Normal ○ Abnormal
Neurological	○ Normal ○ Abnormal
Dermatological	○ Normal ○ Abnormal
Other (specify below)	○ YES ○ NO
Is Other Normal or Abnormal?	○ Normal ○ Abnormal
If 'Other (specify below)' is equal to 'YES' answer this question: Description	

Visit 1

Physical examination continued...

- If not performed, participant is not eligible for the trial, continue with visit 1 assessments.
- The physical exam must be carried out by a doctor delegated this role on the Delegation Log and an assessment should be made about the participant's suitability to continue in the trial.
- Any abnormalities should be documented in the medical notes along with any actions taken.
- The doctor who carried out the physical exam must sign and date the CRF.

Does the participant have any unstable co-morbidities which in the opinion of the investigator would make the participant unsuitable to be enrolled in the trial?

- ○ YES
- ○ NO

Physical Examination must be signed before Randomisation as evidence of eligibility.

Physical Examination Signed?

- ○ YES
- ○ NO

Physical Examination Signature Date [ ] [ ] [ ] *(dd-mm-yyyy)*

Visit 1

Suitability for trial

- All inclusion criteria MUST be answered YES for the participant to continue in the trial.
- All exclusion criteria MUST be answered NO for the participant to continue in the trial.

If a participant is not suitable to continue in the trial:

- Complete sections 14 & 15
- Obtain spontaneous sputum sample if possible
- Blood samples are not required
- Complete 'Completion of Trial Early Withdrawal Form'

If a participant is suitable to continue in the trial: continue to sections 14 & 15 and obtain sputum and blood samples.

- **The following inclusion/exclusion criteria should be checked when assessing if a participant is suitable to return for their second visit.**

The timing of the second visit may need to be adjusted to ensure that the participant is still eligible at time of second visit/randomisation.

Inclusion:

- A history of at least 3 exacerbations in the 12 months prior to randomisation.
- Pseudomonas aeruginosa or other Gram-negative respiratory pathogen detected in sputum or bronchoalveolar lavage on at least 1 occasion in the 12 months prior to randomization.

10. Visit 1 (Screening) - Suitability for Trial (Inclusion)

Question	Answers
The following criteria MUST be answered YES for participant to continue in the trial	
1. >= 18 years of age	◯ YES ◯ NO
2. Able to give informed consent	◯ YES ◯ NO
3. Clinical diagnosis of Bronchiectasis	◯ YES ◯ NO
4. CT scan of the chest demonstrating bronchiectasis in 1 or more lobes	◯ YES ◯ NO
5. A history of at least 3 exacerbations in the previous 12 months	◯ YES ◯ NO
6. Bronchiectasis severity index score >4	◯ YES ◯ NO
7. *Pseudomonas aeruginosa* or other Gram-negative respiratory pathogen detected in sputum or bronchoalveolar lavage on at least 1 occasion in the previous 12 months	◯ YES ◯ NO

Visit 1

The following only applicable to NHS Tayside Participants

11. Visit 1 (Screening) - PCR Test to detect Gram negative pathogens (Tayside only)

Question	Answers
ONLY TO BE COMPLETED BY TAYSIDE PARTICIPANTS	
Pseudomonas aeruginosa or other Gram-negative respiratory pathogen detected by PCR?	◯ YES ◯ NO

Visit 1

Exclusion:

All exclusion criteria MUST be answered NO for the participant to continue in the trial.

If a participant is not suitable to continue in the trial:

- Complete sections 14 & 15
- Obtain spontaneous sputum sample if possible
- Sputum induction should NOT be carried out
- Blood samples are not required
- Complete ‘Completion of Trial Early Withdrawal Form’

12. Visit 1 (Screening) - Suitability for Trial (Exclusion)

Question	Answers
The following exclusion criteria MUST be answered NO for the participant to continue in the trial	
1. Participant has cystic fibrosis.	◯ YES ◯ NO
2. Immunodeficiency requiring replacement immunoglobulin	◯ YES ◯ NO
3. Active tuberculosis or nontuberculous mycobacterial infection (defined as currently under treatment, or requiring treatment in the opinion of the investigator)	◯ YES ◯ NO
4. Recent significant haemoptysis (a volume requiring clinical intervention, within the previous 4 weeks)*	◯ YES ◯ NO
5. Treatment with inhaled, systemic or nebulized anti-Pseudomonal antibiotics in the 28 days prior to randomization*	◯ YES ◯ NO
6. Oral macrolides which have been taken for a period of less than 3 months prior to randomisation	◯ YES ◯ NO
7. Treatment of an exacerbation and receiving antibiotic treatment within 4 weeks of randomization	◯ YES ◯ NO
8. Primary diagnosis of COPD associated with >20 pack years smoking history	◯ YES ◯ NO
9. History of poorly controlled asthma or a history of bronchospasm with inhaled antibiotics	◯ YES ◯ NO

Visit 1

Exclusion continued…

All exclusion criteria MUST be answered NO for the participant to continue in the trial.

If a participant is not suitable to continue in the trial:

- Complete sections 14 & 15
- Obtain spontaneous sputum sample if possible
- Sputum induction should NOT be carried out
- Blood samples are not required
- Complete ‘Completion of Trial Early Withdrawal Form’

10. Pregnant or lactating females	○ YES ○ NO
11. Participants with FEV1 <30% predicted value at screening	○ YES ○ NO
12. Previous history of intolerance to Aztreonam-lysine, sodium chloride or lactose monohydrate	○ YES ○ NO
13. Previous history of bronchospasm reported with any inhaled anti-bacterial	○ YES ○ NO
14. Use of any investigational drugs within five times of the elimination half-life after the last trial dose or within 30 days, whichever is longer*	○ YES ○ NO
15. Unstable co-morbidities (cardiovascular disease, active malignancy) which in the opinion of the investigator would make participation in the trial not in the participant's best interest	○ YES ○ NO
16. Long term oxygen therapy	○ YES ○ NO
17. Women of childbearing age or male partners of women of childbearing age and not practicing an acceptable method of birth control	○ YES ○ NO

Visit 1

Sputum

A sputum sample is required for culture and sensitivity.

- The sample must be obtained, and a positive culture confirmed in time to allow visit 2/randomisation to occur within 35 days of Visit 1/screening.
- Sputum samples should be obtained using the following hierarchy:

At visit

- Spontaneous sample
- If not obtained - arrange follow up visit and provide a sputum container for patients to bring a sample from home.

Return visit

At the repeat visit the following sputum should be used:

- Home sample brought in by participant*
- If not provided - spontaneous sample produced at the visit

*The participant should be asked to bring a sputum sample produced at home on the morning of the repeat visit. Ideally this sample should be obtained within 2 hours of the trial visit. Samples collected outwith this period will be acceptable if this is the best available.

- Sputum sample should be sent to local NHS lab for culture and sensitivity.
- A copy of the sputum culture and sensitivity result should be reviewed by a doctor on the Delegation Log and filed in the participant's medical notes. Results should be documented on the *Sputum Results* page of the worksheet if being used.

13. Visit 1 (Screening) - Sputum

Question	Answers
Sputum obtained on date of visit?	○ YES ○ NO
If NO, date of sample?	[ ] [ ] [ ] *(dd-mm-yyyy)*

Participants who fail to isolate P. aeruginosa or other Gram-negative pathogens at the screening visit may send further sputum samples between screening and randomization, until sputum cultures are positive. Once 35 days has elapsed, however, the participant should be regarded as a screen fail and would require to be rescreened in full.

Visit 1

Bloods

- Blood samples, as detailed below are required.

NHS Samples

Full blood count, U&Es (Sodium, Potassium, Urea, Creatinine, eGRF), LFTs (albumin, bilirubin, Alkaline phosphatase, Alanine transaminase (ALT)

These should be sent to the local NHS lab.

- A copy of the blood results should be reviewed by a doctor on the Delegation Log and filed in the medical notes. Results should be documented on the *Blood Results* page of the worksheet
- If it has already been determined that the participant is not eligible to continue in the trial, blood samples are not required. document this in the medical notes.
- If blood samples are not obtained, the participant is not eligible to continue in the trial.
- The worksheet if used should be signed and dated by the person completing the visit.

14. Visit 1 (Screening) - Bloods

Question	Answers
Is the participant suitable to continue to Visit 2/randomisation?	○ YES ○ NO
NHS samples taken?	○ YES ○ NO
Blood taken on date of visit?	○ YES ○ NO
Date bloods taken	[ ] [ ] [ ] *(dd-mm-yyyy)*

Visit 2

Consent

Confirm participant is happy to continue in the trial

If the participant does not wish to continue in the trial complete ‘Completion of Trial/ Early Withdrawal Form, and ask the participant if they are happy to provide details of any AEs and/or exacerbations since their previous visit.

15. Visit 2 (Baseline) - Informed Consent

Question	Answers
Visit 2 - Date of Visit	[ ] [ ] [ ] *(dd-mm-yyyy)*
Is the participant happy to continue in the trial?	○ YES ○ NO

Visit 2

Adverse events / concomitant medication

- All adverse events experienced since last visit should be added to the Adverse Event Log.

Pulmonary exacerbations are not considered adverse events and should not be added to the Adverse Event Log unless they meet the criteria for a Serious Adverse Event.

- The Concomitant Medications & Respiratory Medications Log should be updated with any changes since the last visit.

16. Visit 2 (Baseline) - Adverse Events/Concomitant Medications

Question	Answers
Has the participant experienced any Adverse Events since last visit?	○ YES ○ NO
Record all Adverse Events	
Have there been any changes to Concomitant Medications since last visit?	○ YES ○ NO
Record all Concomitant Medications	
Have there been any changes to Respiratory Medications since last visit?	○ YES ○ NO
Record all Respiratory Medications	

Visit 2

Pulmonary exacerbations

Each pulmonary exacerbation that the participant has had since the last visit should be recorded on the pulmonary exacerbation record.

- Details must be recorded to determine type of exacerbation, and if an unscheduled visit is required.
- The flow chart on the exacerbation form should be followed to determine type of exacerbation.
- Castor will also calculate the type of exacerbation

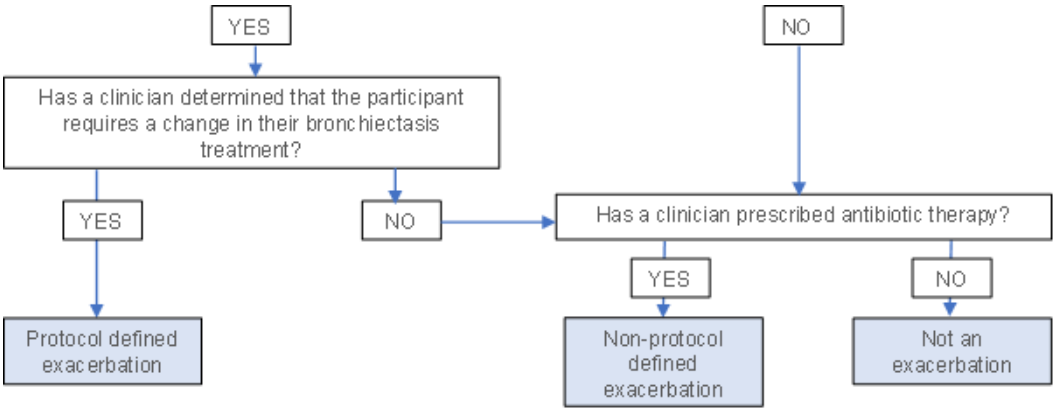
Assessment of Exacerbation

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

a) Cough
b) Sputum volume and/or consistency
c) Sputum purulence
d) Breathlessness and/or exercise tolerance
e) Fatigue and/or malaise

f) Haemoptysis

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



17. Visit 2 (Baseline) - Pulmonary Exacerbations

Question	Answers
Has the participant experienced any signs and/or symptoms of Pulmonary Exacerbation since last visit?	◯ YES ◯ NO

Record all Pulmonary Exacerbations

Visit 2

Vital signs

- Should be completed as per the Working Practice Guidelines (WPG).
- A record of vital signs should be recorded in the medical notes for source data verification.

18. Visit 2 (Baseline) - Vital Signs

Question	Answers
Sitting Blood Pressure Systolic	mmHg
Sitting Blood Pressure Diastolic	mmHg
Pulse	BPM
Oxygen Saturation (Room Air)	%
Tympanic Temperature	C

Visit 2

Pregnancy test

- All women of childbearing potential must have a pregnancy test. Result should be documented in the medical notes.
- If a woman who meets the requirements for having a pregnancy test refuses to have one or the result is positive then the participant should stop taking the trial medication but continue with the trial visits. A pregnancy notification form should be completed.

19. Visit 2 (Baseline) - Pregnancy Test

Question	Answers
Pregnancy test performed?	○ YES ○ NO ○ NOT APPLICABLE
If YES, pregnancy test result	○ Positive ○ Negative

Visit 2

Eligibility check

- All the inclusion criteria must be answered YES to be eligible for randomisation.
- All the exclusion criteria must be answered NO to be eligible for randomisation.
- A doctor delegated the role of eligibility check must review the inclusion and exclusion criteria and confirm that all were met and the participant is eligible to take part in the trial.
- If it is more than 35 days since the participant attended visit 1 – screening the CI must be contacted to confirm it is okay to randomise the participant.
- The eligibility check must be signed and dated by the doctor completing the check **before randomisation**.

20. Visit 2 (Baseline) - Eligibility Check (Inclusion)

Question	Answers
The following criteria MUST be answered YES for participant to continue in the trial	
1. >= 18 years of age	◯ YES ◯ NO
2. Able to give informed consent	◯ YES ◯ NO
3. Clinical diagnosis of Bronchiectasis	◯ YES ◯ NO
4. CT scan of the chest demonstrating bronchiectasis in 1 or more lobes	◯ YES ◯ NO
5. A history of at least 3 exacerbations in the previous 12 months	◯ YES ◯ NO
6. Bronchiectasis severity index score >4	◯ YES ◯ NO
7. *Pseudomonas aeruginosa* or other Gram-negative respiratory pathogen detected in sputum or bronchoalveolar lavage on at least 1 occasion in the previous 12 months	◯ YES ◯ NO
8. A sputum sample that is culture-positive for *P. aeruginosa* or other Gram-negative respiratory pathogens sent at screening visit and within 35 days of randomization. Pre-specified eligible organisms include *Escherichia coli, Haemophilus influenzae, Moraxella catarrhalis, Klebsiella pneumoniae, Proteus mirabilis, Serratia marcescens, Achromobacter, Enterobacter and Stenotrophomonas maltophilia.*	◯ YES ◯ NO

Visit 2

Eligibility check continued…

- All the inclusion criteria must be answered YES to be eligible for randomisation.
- All the exclusion criteria must be answered NO to be eligible for randomisation.
- A doctor delegated the role of eligibility check must review the inclusion and exclusion criteria and confirm that all were met and the participant is eligible to take part in the trial.
- If it is more than 35 days since the participant attended visit 1 – screening the CI must be contacted to confirm it is okay to randomise the participant.
- The eligibility check must be signed and dated by the doctor completing the check **before randomisation**.

21. Visit 2 (Baseline) - Eligibility Check (Exclusion)

Question	Answers
The following exclusion criteria MUST be answered NO for the participant to continue in the trial	
1. Participant has cystic fibrosis.	◯ YES ◯ NO
2. Immunodeficiency requiring replacement immunoglobulin	◯ YES ◯ NO
3. Active tuberculosis or nontuberculous mycobacterial infection (defined as currently under treatment, or requiring treatment in the opinion of the investigator)	◯ YES ◯ NO
4. Recent significant haemoptysis (a volume requiring clinical intervention, within the previous 4 weeks)	◯ YES ◯ NO
5. Treatment with inhaled, systemic or nebulized anti-Pseudomonal antibiotics in the 28 days prior to randomization	◯ YES ◯ NO
6. Oral macrolides which have been taken for a period of less than 3 months prior to randomisation	◯ YES ◯ NO
7. Treatment of an exacerbation and receiving antibiotic treatment within 4 weeks of randomization	◯ YES ◯ NO
8. Primary diagnosis of COPD associated with >20 pack years smoking history	◯ YES ◯ NO
9. History of poorly controlled asthma or a history of bronchospasm with inhaled antibiotics	◯ YES ◯ NO

Visit 2

Eligibility check continued…

All the inclusion criteria must be answered YES to be eligible for randomisation.

- All the exclusion criteria must be answered NO to be eligible for randomisation.
- A doctor delegated the role of eligibility check must review the inclusion and exclusion criteria and confirm that all were met and the participant is eligible to take part in the trial.
- If it is more than 35 days since the participant attended visit 1 – screening the CI must be contacted to confirm it is okay to randomise the participant.
- The eligibility check must be signed and dated by the doctor completing the check **before randomisation**.

10. Pregnant or lactating females
- ◯ YES
- ◯ NO

11. Participants with FEV1 <30% predicted value at screening
- ◯ YES
- ◯ NO

12. Previous history of intolerance to Aztreonam-lysine, sodium chloride or lactose monohydrate
- ◯ YES
- ◯ NO

13. Previous history of bronchospasm reported with any inhaled anti-bacterial
- ◯ YES
- ◯ NO

14. Glomerular filtration rate (eGFR) below 30ml/min/1.73m2 or requiring dialysis. This will be determined at screening.
- ◯ YES
- ◯ NO

15. Use of any investigational drugs within five times of the elimination half-life after the last trial dose or within 30 days, whichever is longer*
- ◯ YES
- ◯ NO

16. Unstable co-morbidities (cardiovascular disease, active malignancy) which in the opinion of the investigator would make participation in the trial not in the participant's best interest
- ◯ YES
- ◯ NO

17. Long term oxygen therapy
- ◯ YES
- ◯ NO

18. Women of childbearing age or male partners of women of childbearing age and not practicing an acceptable method of birth control
- ◯ YES
- ◯ NO

Visit 2

Eligibility check continued…

- All the inclusion criteria must be answered YES to be eligible for randomisation.
- All the exclusion criteria must be answered NO to be eligible for randomisation.
- A doctor delegated the role of eligibility check must review the inclusion and exclusion criteria and confirm that all were met and the participant is eligible to take part in the trial.
- If it is more than 35 days since the participant attended visit 1 – screening the CI must be contacted to confirm it is okay to randomise the participant.
- The eligibility check must be signed and dated by the doctor completing the check **before randomisation**.

22. Visit 2 (Baseline) - Eligibility Check (Sign-Off)

Question	Answers
Eligibility must be checked by a doctor delegated this task on the Delegation Log	
Were ALL inclusion/exclusion criteria met?	○ YES ○ NO
Is the participant eligible to take part in the trial?	○ YES ○ NO
Is this visit within 35 days of Visit 1, screening?	○ YES ○ NO
If NO, has the CI confirmed it is still okay to randomise the participant?	○ YES ○ NO
If YES, state reason for allowing randomisation outwith 35 days	
Investigator's Signature?	○ YES ○ NO
Date of Signature	*(dd-mm-yyyy)*

Visit 2

Randomisation

- Whether or not a participant is on long-term macrolide therapy is required information for the randomisation process. If a participant is on long-term macrolide therapy this should be recorded in the Concomitant Medications Log
- Randomisation should only take place **AFTER**:

o Informed consent has been obtained

  - o The participant is present at the visit, i.e. randomisation should not be carried out prior to visit.
  - o The participant's eligibility against the inclusion/exclusion criteria has been checked
  - o The medical records has been signed and dated by the doctor completing the eligibility check.

- Participant should be randomised by a person delegated this role on the Delegation Log.
- See Trust User Guide for instructions for completion of randomisation.

23. Visit 2 (Baseline) - Randomisation

Question	Answers
Is the participant on long-term macrolide therapy?	○ YES ○ NO
Was the participant randomised?	○ YES ○ NO

Visit 2

Sputum for storage

- A sputum sample should be collected as per WPG
- If a participant is unable to produce a spontaneous sputum sample sputum induction is NOT required.
- The worksheet/medical notes should be marked as “no sample obtained”. This is not a protocol breach.

Viral nasal swab

- A viral nasal swab should be collected as per WPG

Research Bloods

- A blood sample should be obtained as per WPG

24. Visit 2 (Baseline) - Sputum, Viral Nasal Swab and Research Bloods

Question	Answers
Sputum obtained on date of visit?	○ YES ○ NO
If NO, date of sample?	[ ] [ ] [ ] *(dd-mm-yyyy)*
Nasal swab obtained for storage?	○ YES ○ NO
Bloods taken on date of visit?	○ YES ○ NO
If NO, date bloods taken	[ ] [ ] [ ] *(dd-mm-yyyy)*

Visit 2

Questionnaires

Please provide a copy of each of the questionnaires for the participant to complete at this visit.

Please confirm completion on Castor. If the questionnaires are not completed please document the reason on Castor (for example the participant is too tired or doesn't want to complete it)

Enter SGQR and BHQ questionnaire data to Castor in the appropriate repeating data form

QoL-B -this will be send to HiC for data entry

Participant should be provided with QoL-B questionnaires to be completed at home between visits 2 & 5

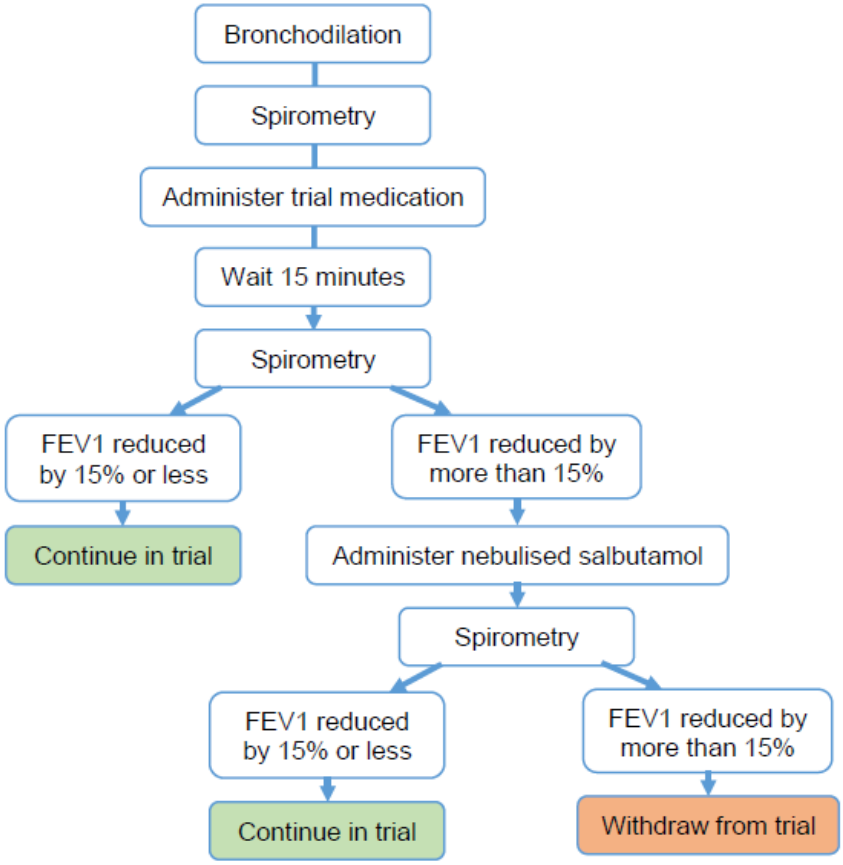
25. Visit 2 (Baseline) - Questionnaires

Question	Answers
St George's Respiratory Questionnaire completed?	○ YES ○ NO
If St George's Respiratory Questionnaire not completed, give reason.	
Quality of Life Bronchiectasis Questionnaire completed?	○ YES ○ NO
If Quality of Life Bronchiectasis Questionnaire not complete, give reason.	
Bronchiectasis Health Questionnaire completed?	○ YES ○ NO
If Bronchiectasis Health Questionnaire not completed, give reason.	

Visit 2

Spirometry and first dose of medication

- Spirometry and the administration of the first dose of trial medication should be carried out as per Working Practice Guidelines
- Results of spirometry must be entered in medical notes as source data.
- Details of bronchodilation must be recorded in the medical notes.
- Record that the first dose of trial medication was given under supervision in the medical notes.



Trial medication

- Complete as per Operations Manual and Trial Medication Guide
- The medical notes should be signed and dated by the person completing the visit.

26. Visit 2 (Baseline) - Spirometry and First Dose Medication

Question	Answers
Post bronchodilation, pre-dosing spirometry	
FEV1 (Forced expiratory volume in 1 second)	L
FVC (Forced vital capacity)	L
FEV1 % of predicted values	%
FVC % of predicted values	%
FEF 25-75% of predicted values	%
Administer trial medication	
Post-trial medication spirometry	
TO BE COMPLETED 15 min AFTER ADMINISTRATION OF MEDICATION	
FEV1 (Forced expiratory volume in 1 second)	L
Is FEV1 less than pre-dosing result?	○ YES ○ NO
FEV1 from pre-dosing result	%
Change in FEV1 calculation (15%)	
Repeated post trial medication spirometry, if required	if FEV1 reduced by more than 15%)
FEV1 (Forced expiratory volume in 1 second)	L
Is FEV1 less than pre-dosing result?	○ YES ○ NO
If YES, change in FEV1 from pre-dosing result	%

Visit 3

Consent

Confirm participant is happy to continue in the trial

If the participant does not wish to continue in the trial complete ‘Completion of Trial/Early Withdrawal Form, and ask the participant if they are happy to provide details of any AEs and/or exacerbations since their previous visit.

27. Visit 3 (Month 1 +/- 2 weeks) Follow-up Informed Consent

Phone Call

Question	Answers
Visit 3 - Date of Visit	[ ] [ ] [ ] *(dd-mm-yyyy)*
Is the participant happy to continue in the trial?	○ YES ○ NO

Visit 3

Adverse events/ concomitant medication

- All adverse events experienced since last visit should be added to the Adverse Event Log.
- Pulmonary exacerbations are not considered adverse events and should not be added to the Adverse Event Log unless they meet the criteria for a Serious Adverse Event.
- The Concomitant Medications Log should be updated with any changes since the last visit.
- If a participant starts long-term antibiotics or macrolide therapy the CI should be contacted to see if the participant should continue with their trial medication. This should be recorded in the participant's medical notes.

28. Visit 3 (Month 1 +/- 2 weeks) Follow-up Phone Call -Adverse Events/Concomitant Medications

Question	Answers
Has the participant experienced any Adverse Events since last visit?	○ YES ○ NO
Record all Adverse Events	
Have there been any changes to Concomitant Medications since last visit?	○ YES ○ NO
Record all Concomitant Medications	
Have there been any changes to Respiratory Medications since last visit?	○ YES ○ NO
Record all Respiratory Medications	

Visit 3

Pulmonary exacerbations

- Each pulmonary exacerbation that the participant has had since the last visit should be recorded on the pulmonary exacerbation record.

- Details must be recorded to determine type of exacerbation, and if an unscheduled visit is required.

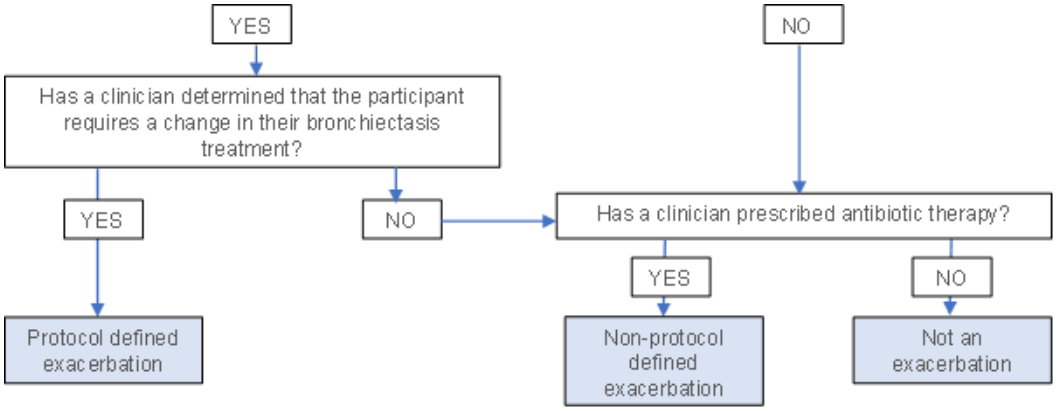
- The flow chart on the exacerbation form should be followed to determine type of exacerbation.
- Castor will also calculate the type of exacerbation

Assessment of Exacerbation

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

a) Cough
b) Sputum volume and/or consistency
c) Sputum purulence
d) Breathlessness and/or exercise tolerance
e) Fatigue and/or malaise
f) Haemoptysis

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



29. Visit 3 (Month 1 +/- 2 weeks) Follow-up Phone Call - Pulmonary Exacerbations

Question	Answers
Has the participant experienced any signs and/or symptoms of Pulmonary Exacerbation since last visit?	○ YES ○ NO

Record all Pulmonary Exacerbations

Visit 3

Questionnaires

Questionnaires should be completed by telephone.

Please confirm completion on Castor. If the questionnaires are not completed please document the reason on Castor (for example the participant is too tired or doesn't want to complete it)

The responses for the SGQR and BHQ can be entered directly to Castor if prefered, or recorded on the questionnaire and entered to Castor later.
Please refer to the WPG for instructions on administering the questionnaires by telephone.

QoL-B should be completed with responses recorded on the paper questionnaire. This will be forwarded to HiC for data entry.

Remind participants to complete QoL-B between visits and to bring them to Visit 5.

30. Visit 3 (Month 1 +/- 2 weeks) Follow-up Phone Call - Questionnaires

Question	Answers
St George's Respiratory Questionnaire completed?	○ YES ○ NO
If St George's Respiratory Questionnaire not completed, give reason.	
Quality of Life Bronchiectasis Questionnaire completed?	○ YES ○ NO
If Quality of Life Bronchiectasis Questionnaire not complete, give reason.	
Bronchiectasis Health Questionnaire completed?	○ YES ○ NO
If Bronchiectasis Health Questionnaire not completed, give reason.	

Visit 3

Trial medication

The participant should be asked if they have missed any of their doses since the last visit. If the participant did temporarily stop their trial medication/missed doses ask the participant the reason for this.

Please complete missed dose information.

Participants can have a maximum of 84 missed doses where the a doctor has told them to stop their medication.

If the amount of doses that have been missed due to clinical advice adds up to more than 84 doses (28 days) , the participant should discontinue their trial medication. Complete the Discontinuation of Trial Medication CRF page. The participant should continue in the trial, attending for trial visits as scheduled.

The use of trial medication and nebulizer should be reviewed with the participant, and refresher training given if required.

Participant should be reminded to keep and return their IMP packs with used/unused vials at visit 5.

31. Visit 3 (Month 1 +/- 2 weeks) Follow-up Phone Call - Trial Medication

Question	Answers
Has the participant missed any *doses* of their trial medication *since last visit?*	○ YES ○ NO
If a participant has been asked by a clinician to miss doses of trial medication, this should be classed as missed due to clinical reasons	
How many *doses* of trial medication has the participant missed *since last visit due to clinical reasons?*	
How many *doses* of trial medication has the participant missed *since last visit due to non-clinical reasons?*	
Please give reason(s) for missed doses of trial medication due to *clinical and non-clinical* reasons (e.g. participant error, toxicity (specify), etc.)	

Visit 4

Consent
Confirm participant is happy to continue in the trial

If the participant does not wish to continue in the trial complete ‘Completion of Trial/Early Withdrawal Form, and ask the participant if they are happy to provide details of any AEs and/or exacerbations since their previous visit.

32. Visit 4 (Month 3 +/- 2 weeks) Follow-up Phone Call - Informed Consent

Question	Answers
Visit 4 - Date of Visit	[ ] [ ] [ ] *(dd-mm-yyyy)*
Is the participant happy to continue in the trial?	○ YES ○ NO

Visit 4

Adverse events / concomitant medication

- All adverse events experienced since last visit should be added to the Adverse Event Log.
- Pulmonary exacerbations are not considered adverse events and should not be added to the Adverse Event Log unless they meet the criteria for a Serious Adverse Event.
- The Concomitant Medications & Respiratory Medications Log should be updated with any changes since the last visit.
- If a participant starts long-term antibiotics or macrolide therapy the Chief Investigator should be contacted to see if the participant should continue with their trial medication. This should be recorded in the participant's medical notes.

33. Visit 4 (Month 3 +/- 2 weeks) Follow-up Phone Call - Adverse Events/Concomitant Medications

Question	Answers
Has the participant experienced any Adverse Events since last visit?	○ YES ○ NO
Record all Adverse Events	
Have there been any changes to Concomitant Medications since last visit?	○ YES ○ NO
Record all Concomitant Medications	
Have there been any changes to Respiratory Medications since last visit?	○ YES ○ NO
Record all Respiratory Medications	

Visit 4

Pulmonary exacerbations

Each pulmonary exacerbation that the participant has had since the last visit should be recorded on the pulmonary exacerbation record.

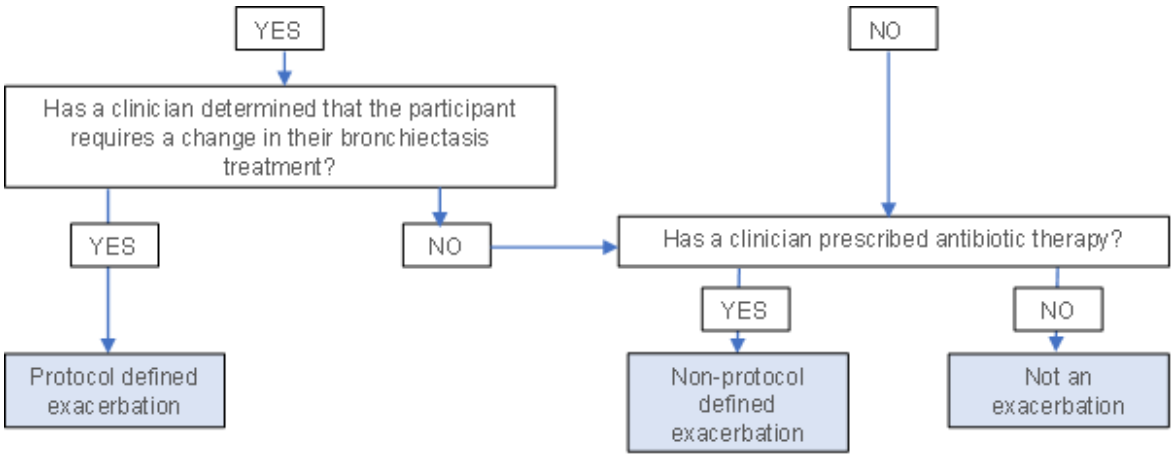
- Details must be recorded to determine type of exacerbation, and if an unscheduled visit is required.
- The flow chart on the exacerbation form should be followed to determine type of exacerbation.
- Castor will also calculate the type of exacerbation

Assessment of Exacerbation

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

a) Cough
b) Sputum volume and/or consistency
c) Sputum purulence
d) Breathlessness and/or exercise tolerance
e) Fatigue and/or malaise
f) Haemoptysis

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



If the participant has experienced an exacerbation please add the data to Castor, the system will classify the type of exacerbation.

34. Visit 4 (Month 3 +/- 2 weeks) Follow-up Phone Call - Pulmonary Exacerbations

Question	Answers
Has the participant experienced any signs and/or symptoms of Pulmonary Exacerbation since last visit?	○ YES ○ NO

Record all Pulmonary Exacerbations

Visit 4

Questionnaires

Questionnaires should be completed by telephone.

Please confirm completion on Castor. If the questionnaires are not completed please document the reason on Castor (for example the participant is too tired or doesn't want to complete it)

The responses for the SGQR and BHQ can be entered directly to Castor if preferred, or recorded on the questionnaire and entered to Castor later.

Please refer to the WPG for instructions on administering the questionnaires by telephone.

QoL-B should be completed with responses recorded on the paper questionnaire. This will be forwarded to HiC for data entry.

Remind participants to complete QoL-B between visits and to bring them to Visit 5.

35. Visit 4 (Month 3 +/- 2 weeks) Follow-up Phone Call - Questionnaires

Question	Answers
St George's Respiratory Questionnaire completed?	○ YES ○ NO
If St George's Respiratory Questionnaire not completed, give reason.	
Quality of Life Bronchiectasis Questionnaire completed?	○ YES ○ NO
If Quality of Life Bronchiectasis Questionnaire not complete, give reason.	
Bronchiectasis Health Questionnaire completed?	○ YES ○ NO
If Bronchiectasis Health Questionnaire not completed, give reason.	

Visit 4

Trial medication

The participant should be asked if they have missed any of their doses since the last visit. If the participant did temporarily stop their trial medication/missed doses ask the participant the reason for this.

Please complete missed dose information.
Participants can have a maximum of 84 missed doses where the a doctor has told them to stop their medication.

If the amount of doses that have been missed due to clinical advice adds up to more than 84 doses (28 days) , the participant should discontinue their trial medication. Complete the Discontinuation of Trial Medication CRF page. The participant should continue in the trial, attending for trial visits as scheduled.

The use of trial medication and nebulizer should be reviewed with the participant, and refresher training given if required.

Participant should be reminded to keep and return their IMP packs with used/unused vials at visit 5.

36. Visit 4 (Month 3 +/- 2 weeks) Follow-up Phone Call - Trial Medication

Question	Answers
Has the participant missed any *doses* of their trial medication *since last visit?*	○ YES ○ NO
If a participant has been asked by a clinician to miss doses of trial medication, this should be classed as missed due to clinical reasons	
How many *doses* of trial medication has the participant missed *since last visit due to clinical reasons?*	
How many *doses* of trial medication has the participant missed *since last visit due to non-clinical reasons?*	
Please give reason(s) for missed doses of trial medication due to *clinical and non-clinical* reasons (e.g. participant error, toxicity (specify), etc.)	

Visit 5.

Consent
Confirm participant is happy to continue in the trial

If the participant does not wish to continue in the trial complete ‘Completion of Trial/Early Withdrawal Form, and ask the participant if they are happy to provide details of any AEs and/or exacerbations since their previous visit.

37. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Informed Consent

Question	Answers
Visit 5 - Date of Visit	[ ] [ ] [ ] *(dd-mm-yyyy)*
Is the participant happy to continue in the trial?	○ YES ○ NO

Visit 5.

Adverse events/ concomitant medication

- All adverse events experienced since last visit should be added to the Adverse Event Log.
- Pulmonary exacerbations are not considered adverse events and should not be added to the Adverse Event Log unless they meet the criteria for a Serious Adverse Event.
- The Concomitant Medications & Respiratory Medications Log should be updated with any changes since the last visit.
- If a participant starts long-term antibiotics or macrolide therapy the CI should be contacted to see if the participant should continue with their trial medication. This should be recorded in the participant's medical notes.

38. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Adverse Events/Concomitant Medications

Question	Answers
Has the participant experienced any Adverse Events since last visit?	○ YES ○ NO
Record all Adverse Events	
Have there been any changes to Concomitant Medications since last visit?	○ YES ○ NO
Record all Concomitant Medications	
Have there been any changes to Respiratory Medications since last visit?	○ YES ○ NO
Record all Respiratory Medications	

Visit 5

Pulmonary exacerbations

Each pulmonary exacerbation that the participant has had since the last visit should be recorded on the pulmonary exacerbation record.

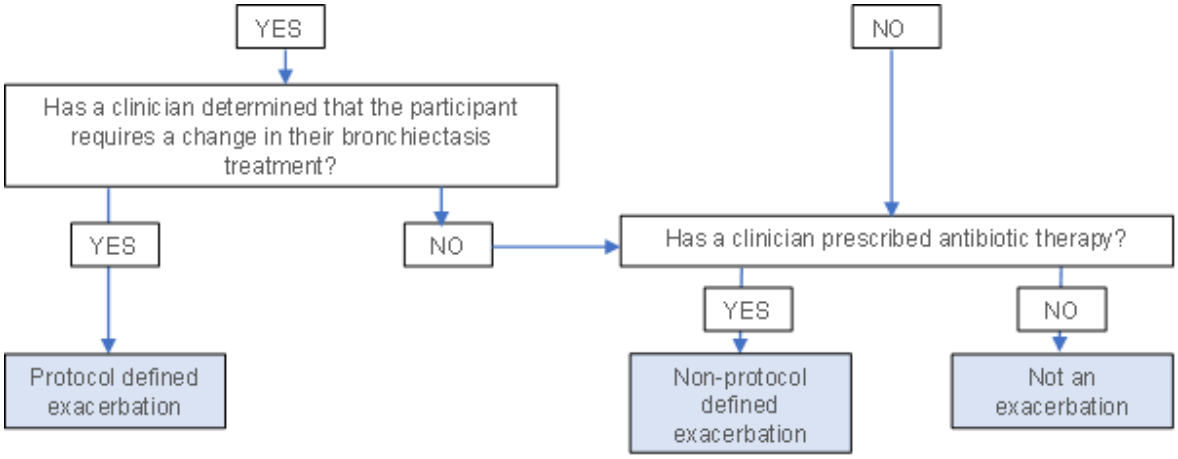
- Details must be recorded to determine type of exacerbation, and if an unscheduled visit is required.
- The flow chart on the exacerbation form should be followed to determine type of exacerbation.
- Castor will also calculate the type of exacerbation

Assessment of Exacerbation

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

a) Cough
b) Sputum volume and/or consistency
c) Sputum purulence
d) Breathlessness and/or exercise tolerance
e) Fatigue and/or malaise
f) Haemoptysis

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



39. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Pulmonary Exacerbations

Question	Answers
Has the participant experienced any signs and/or symptoms of Pulmonary Exacerbation since last visit?	○ YES ○ NO

Record all Pulmonary Exacerbations

Visit 5

Vital Signs

- Should be completed following Working Practice Guidelines (WPG)
- Vital signs should be recorded in the participant's medical notes for source data verification.

40. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Vital Signs

Question	Answers
Sitting Blood Pressure Systolic	mmHg
Sitting Blood Pressure Diastolic	mmHg
Pulse	BPM
Oxygen Saturation (Room Air)	%
Tympanic Temperature	C

Visit 5

Pregnancy test

All females of childbearing potential must have a pregnancy test.

If a woman who meets the requirements for having a pregnancy test refuses to have one or the result is positive then the participant should stop taking the trial medication but continue with the trial visits. A pregnancy notification form should be completed

41. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Pregnancy Test

Question	Answers
Pregnancy test performed?	○ YES ○ NO ○ NOT APPLICABLE
If YES, pregnancy test result	○ Positive ○ Negative

Visit 5

Spirometry

- Must be carried out as per WPG
- Results of spirometry must be entered in medical notes as source data.
- Details of bronchodilation must be recorded in the medical notes.

42. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Spirometry

Question	Answers
Bronchodilation given (as per WPG)	○ YES ○ NO
Spirometry should be carried out 15 minutes after bronchodilator administration	
FEV1 Base	_____ L
FVC Base	_____ L
FEV1 % of predicted values	_____ %
FVC % of predicted values	_____ %
FEF 25-75% of predicted values	_____ %

Visit 5

Sputum

- A sputum sample is required for culture and sensitivity.
    - Home sample brought in by participant
    - If not provided spontaneous sample produced at visit
- research sputum sample
    - Spontaneous sample obtained at visit
    - If not obtained home sample brought in by participant.

Research bloods

- A blood sample should be obtained as per WPG

43. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Sputum and Research Bloods

Question	Answers
Sputum obtained on date of visit?	○ YES ○ NO
If NO, date of sample?	[ ] [ ] [ ] *(dd-mm-yyyy)*
Bloods taken on date of visit?	○ YES ○ NO
If NO, date bloods taken?	[ ] [ ] [ ] *(dd-mm-yyyy)*

Visit 5

Questionnaires

Please provide a copy of each of the questionnaires for the participant to complete at this visit.

Enter SGQR and BHQ questionnaire data to Castor in the appropriate repeating data form

QoL-B -this will be send to HiC for data entry

Participant should return QoL-B questionnaires completed at home between visits 2 & 5

If the questionnaires are not completed please document the reason on Castor (for example the participant is too tired or doesn’t want to complete it)

Provide participant with QoL-B questionnaires to be completed between Visit 5 & 6

44. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Questionnaires

Question	Answers
St George's Respiratory Questionnaire completed?	○ YES ○ NO
If St George's Respiratory Questionnaire not completed, give reason.	
Quality of Life Bronchiectasis Questionnaire completed?	○ YES ○ NO
If Quality of Life Bronchiectasis Questionnaire not complete, give reason.	
Bronchiectasis Health Questionnaire completed?	○ YES ○ NO
If Bronchiectasis Health Questionnaire not completed, give reason.	

Visit 5

Trial medication

The participant should be asked if they have missed any of their doses since the last visit. If the participant did temporarily stop their trial medication/missed doses ask the participant the reason for this.

Please complete missed dose information.

Participants can have a maximum of 84 missed doses where the a doctor has told them to stop their medication.

If the amount of doses that have been missed due to clinical advice adds up to more than 84 doses (28 days) , the participant should discontinue their trial medication. Complete the Discontinuation of Trial Medication CRF page. The participant should continue in the trial, attending for trial visits as scheduled.

The use of trial medication and nebulizer should be reviewed with the participant, and refresher training given if required.

Participant should return their IMP packs with used/unused vials. Please return vials to pharmacy for destruction and drug accountability.

Used saline vials if returned can be disposed of as per local practice as clinical waste.

45. Visit 5 (Month 6 +/- 2 weeks) Follow-up Assessments - Trial Medication

Question	Answers
Has the participant missed any *doses* of their trial medication *since last visit?*	○ YES ○ NO
If a participant has been asked by a clinician to miss doses of trial medication, this should be classed as missed due to clinical reasons	
How many *doses* of trial medication has the participant missed *since last visit due to clinical reasons?*	
How many *doses* of trial medication has the participant missed *since last visit due to non-clinical reasons?*	
Please give reason(s) for missed doses of trial medication due to *clinical and non-clinical* reasons (e.g. participant error, toxicity (specify), etc.)	

Visit 6

Consent
Confirm participant is happy to continue in the trial

If the participant does not wish to continue in the trial complete ‘Completion of Trial/ Early Withdrawal Form, and ask the participant if they are happy to provide details of any AEs and/or exacerbations since their previous visit.

46. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Informed Consent

Question	Answers
Visit 6 - Date of Visit	[ ] [ ] [ ] *(dd-mm-yyyy)*
Is the participant happy to continue in the trial?	○ YES ○ NO

Visit 6

Adverse events/ concomitant medication

- All adverse events experienced since last visit should be added to the Adverse Event Log.
- Pulmonary exacerbations are not considered adverse events and should not be added to the Adverse Event Log unless they meet the criteria for a Serious Adverse Event.
- The Concomitant Medications Log should be updated with any changes since the last visit.
- If a participant starts long-term antibiotics or macrolide therapy the CI should be contacted to see if the participant should continue with their trial medication. This should be recorded in the participant's medical notes.

47. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Adverse Events/Concomitant Medications

Question	Answers
Has the participant experienced any Adverse Events since last visit?	○ YES ○ NO
Record all Adverse Events	
Have there been any changes to Concomitant Medications since last visit?	○ YES ○ NO
Record all Concomitant Medications	
Have there been any changes to Respiratory Medications since last visit?	○ YES ○ NO
Record all Respiratory Medications	

Visit 6

Pulmonary exacerbations

- Each pulmonary exacerbation that the participant has had since the last visit should be recorded on the pulmonary exacerbation record.

- Details must be recorded to determine type of exacerbation, and if an unscheduled visit is required.

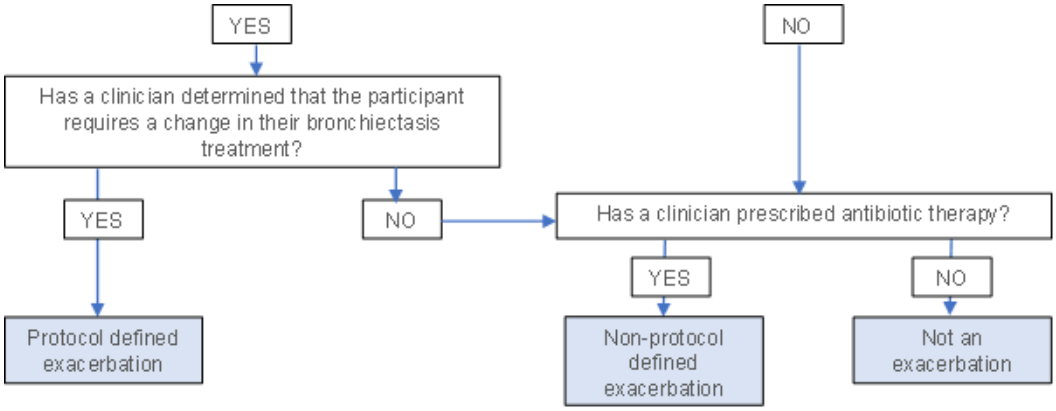
- The flow chart on the exacerbation form should be followed to determine type of exacerbation.
- Castor will also calculate the type of exacerbation

Assessment of Exacerbation

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

a) Cough
b) Sputum volume and/or consistency
c) Sputum purulence
d) Breathlessness and/or exercise tolerance
e) Fatigue and/or malaise
f) Haemoptysis

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



48. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Pulmonary Exacerbations

Question	Answers
Has the participant experienced any signs and/or symptoms of Pulmonary Exacerbation since last visit?	○ YES ○ NO

Record all Pulmonary Exacerbations

Visit 6

Vital Signs

- Should be completed following Working Practice Guidelines (WPG)
- A record of vital signs should be recorded in the participant's medical notes for source data verification.

49. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Vital Signs

Question	Answers
Sitting Blood Pressure Systolic	mmHg
Sitting Blood Pressure Diastolic	mmHg
Pulse	BPM
Oxygen Saturation (Room Air)	%
Tympanic Temperature	C

Visit 6

Pregnancy test

All females of childbearing potential must have a pregnancy test.
If a woman who meets the requirements for having a pregnancy test refuses to have one or the result is positive then the participant should stop taking the trial medication but continue with the trial visits. A pregnancy notification form should be completed

50. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Pregnancy Test

Question	Answers
Pregnancy test performed?	○ YES ○ NO ○ NOT APPLICABLE
If YES, pregnancy test result	○ Positive ○ Negative

Visit 6

Spirometry

- Must be carried out as per WPG
- Results of spirometry must be entered in medical notes as source data.
- Details of bronchodilation must be recorded in the medical notes.

51. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Spirometry

Question	Answers
Bronchodilation given (as per WPG)	○ YES ○ NO
Spirometry should be carried out 15 minutes after bronchodilator administration	
FEV1 Base	_____ L
FVC Base	_____ L
FEV1 % of predicted values	_____ %
FVC % of predicted values	_____ %
FEF 25-75% of predicted values	_____ %

Visit 6

Sputum

- A sputum sample is required for culture and sensitivity.
    - Home sample brought in by participant
    - If not provided spontaneous sample produced at visit
- research sputum sample
    - Spontaneous sample obtained at visit
    - If not obtained home sample brought in by participant.

Research bloods

- A blood sample should be obtained as per WPG

Viral nasal swab

- A viral nasal swab should be collected as per WPG

52. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Sputum, Viral Nasal Swab and Research Bloods

Question	Answers
Sputum obtained on date of visit?*	○ YES ○ NO
If NO, date of sample?	[ ] [ ] [ ] *(dd-mm-yyyy)*
Nasal swab obtained for storage?	○ YES ○ NO
Bloods taken on date of visit?	○ YES ○ NO
If NO, date bloods taken	[ ] [ ] [ ] *(dd-mm-yyyy)*

Visit 6

Questionnaires

Please provide a copy of each of the questionnaires for the participant to complete at this visit.

Enter SGQR and BHQ questionnaire data to Castor in the appropriate repeating data form

QoL-B -this will be send to HiC for data entry
Participant should return QoL-B questionnaires completed at home between visits 5 & 6.

If the questionnaires are not completed please document the reason on Castor (for example the participant is too tired or doesn't want to complete it)

53. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Questionnaires

Question	Answers
St George's Respiratory Questionnaire completed?	○ YES ○ NO
If St George's Respiratory Questionnaire not completed, give reason.	
Quality of Life Bronchiectasis Questionnaire completed?	○ YES ○ NO
If Quality of Life Bronchiectasis Questionnaire not complete, give reason.	
Bronchiectasis Health Questionnaire completed?	○ YES ○ NO
If Bronchiectasis Health Questionnaire not completed, give reason.	

Visit 6

Trial Medication

. ➢ The participant should be asked if they have missed any of their doses since the last visit.

➢ If the participant did temporarily stop their trial medication, then ask the participant why. If this was for clinical reasons, i.e., a doctor told them to stop, then record the number of days stopped.

➢ If a participant did not take the required number of doses on a day as instructed by a doctor, count this as a stopped day. For example, if participant took only one dose of trial medication and the doctor told them to stop, count this as a stopped day.

➢ If a participant does not take their trial medication for other reasons e.g. forgot or they did not feel like taking it, do not count this as a stopped day.

➢ Participants can have a maximum of 28 days during the trial where a doctor has told them to stop their medication.

54. Visit 6 (Month 12 +/- 2 weeks) Final Visit Assessments - Trial Medication

Question	Answers
Has the participant missed any *doses* of their trial medication *since last visit?*	○ YES ○ NO
If a participant has been asked by a clinician to miss doses of trial medication, this should be classed as missed due to clinical reasons	
How many *doses* of trial medication has the participant missed *since last visit due to clinical reasons?*	
How many *doses* of trial medication has the participant missed *since last visit due to non-clinical reasons?*	
Please give reason(s) for missed doses of trial medication due to *clinical and non-clinical* reasons (e.g. participant error, toxicity (specify), etc.)	

Visit 6
Completion of Trial

55. Completion of Trial/Early Withdrawal

Question	Answers
This form should be completed for **every** patient entered into the trial, i.e. consented and attended for screening visit, including screen fail patients.	
Was the participant randomised?	○ YES ○ NO
Did the participant attend the last trial visit (Visit 6)?	○ YES ○ NO
Date last trial medication taken?	
Date of completion/withdrawal	*(dd-mm-yyyy)*
If participant did not complete the trial, what was the main reason (tick one only)	
Reason	○ Failed Eligibility (screen fail) ○ Commenced restricted medications ○ Advice from GP/other healthcare professional ○ Adverse event ○ Participant's choice ○ On advice of investigator ○ Died ○ Other
Details	
Participant who did not complete the trial must be assessed by doctor. Changes to participant's medication and any other actions taken must be recorded in the participant's medical notes and their GP informed.	

Visit 6
Completion of Trial

Participant Initials __ __

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

Doctor's name entered

- ○ YES
- ○ NO

Date _____ _____ _____ *(dd-mm-yyyy)*