Subject ID Initials	
Pulmonary Exacerbation Record	
An individual record should be completed for each episode of pulmonary exacerbation.	_
Duration of exacerbation	
Onset Date DD MM - YYYY  End Date DD - MM - YYYY Y 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 NO	
b) Sputum volume and/or consistency YES NO	
c) Sputum purulence YES NO	
d) Breathlessness and/or exercise tolerance YES NO	
e) Fatigue and/or malaise YES NO	
f) Haemoptysis YES NO	
How many symptoms experienced?	
Has the participant experienced 3 or more of the above symptoms?	
YES	
Has a clinician determined that the participant requires a change in their bronchiectasis treatment?	
YES NO Has a clinician prescribed antibiotic therapy?	
YES NO	
Protocol defined exacerbation Non-protocol defined exacerbation Not an exacerbation	
Type of exacerbation (tick one only) Add to number of exacerbations at next visit	
Protocol defined exacerbation  • Complete unscheduled visit  • If participant has been prescribed antibiotics, add to Concomitant Medications • This is NOT an AE	
Non-protocol defined  • Complete unscheduled visit  Non-protocol defined  • Add antibiotics to Concemitant Mediactions	

Add antibiotics to Concomitant Medications

YES

Add diagnosis or individual symptoms to Adverse Events since last visit form

NO

This is NOT an AE

No unscheduled visit required

If yes, complete unscheduled

visit form

Has the participant attended for an unscheduled visit?

exacerbation

Not an exacerbation