



Exacerbation recording

Question	Answers
Onset Date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
End Date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
Assessment of Exacerbation	
Has the participant experienced a deterioration in any of the following key symptoms for at least 48 hours?	
Cough	<input type="radio"/> Yes <input type="radio"/> No
Sputum volume and/or consistency	<input type="radio"/> Yes <input type="radio"/> No
Sputum purulence	<input type="radio"/> Yes <input type="radio"/> No
Breathlessness and/or exercise tolerance	<input type="radio"/> Yes <input type="radio"/> No
Fatigue and/or malaise	<input type="radio"/> Yes <input type="radio"/> No
Haemoptysis	<input type="radio"/> Yes <input type="radio"/> No
How many Symptoms experienced?	
Has the participant experienced 3 or more of the above symptoms?	
<i>If 'Has the participant experienced 3 or more of the above symptoms?' is equal to 'Yes' answer this question:</i>	<input type="radio"/> Yes <input type="radio"/> No
Has a clinician determined that the participant requires a <i>Protocol defined exacerbation: 'Complete safety visit - If participant has been prescribed antibiotics, add to Concomitant Medications - This is NOT an AE'</i>	
Has the participant attended for a safety visit? If YES, complete safety visit form	<input type="radio"/> Yes <input type="radio"/> No
<i>If 'Has the participant attended for a safety visit? If YES, complete safety visit form' is equal to 'Yes' answer this question:</i>	
Repeating data for Safety Visit	