



**Year 1 Follow-up CRF**

Study Site: AAAA

Subject No. W00999/XXX

Visit Date DD/MM/YY

**1. Re-consent**

**1.1 Re-consent**

Ongoing verbal consent obtained? Yes  No

Re-consent taken by \_\_\_\_\_

Last consent: 21  
Mar 2017  
(Enrolment CRF)

Enrolment written  
consent:  
21 Mar 2017

**2. Asthma History**

2.1 Do you self-manage exacerbations? Yes  No

2.2 Since your last WATCH study visit, how many  
asthma-related Intensive Care Unit (ICU) visits? \_\_\_\_\_ or Not known

2.3 Since your last WATCH study visit, have you been intubated? Yes   
No   
Not known

2.4 Since your last WATCH study visit, how many asthma-related... (If zero, enter zero)

a) ... visits to GP \_\_\_\_\_ or Not known

b) ... visits to Emergency Dept. (ED) \_\_\_\_\_ or Not known

c) ... hospitalisations \_\_\_\_\_ or Not known

d) ... courses of oral corticosteroids (OCS) \_\_\_\_\_ or Not known   
(If on maintenance, record the number of times needed to double-dose)  
↳ If > 0: Dose \_\_\_\_\_ mg/day  
Duration \_\_\_\_\_ days

e) ... days lost from work/education \_\_\_\_\_ or Not known   
or Not applic.  (i.e. not in work nor education)

f) ... courses of antibiotics \_\_\_\_\_ or Not known   
↳ If > 0, which antibiotic(s)? \_\_\_\_\_  
\_\_\_\_\_

2.5 Are you on long-term antibiotics? Yes  No   
↳ Which antibiotic(s)? \_\_\_\_\_  
\_\_\_\_\_

Responses from  
21 Mar 2017  
(Enrolment CRF)

Yes

0 visits

No

2 GP visits

0 ED visits

0 hospitalisations

6 OCS courses

Missing

Missing

0 days lost

6 courses amoxicillin,  
doxycycline

No

### 3. Medications

3.1 Please document any changes to the following medications which were 'Ongoing' at the last visit.

(Either tick the 'Still Ongoing?' check boxes or, if ended, record when.)

Drug	Quantity	Units	Frequency	Route	S t a r t e d			Still Ongoing?	E n d e d		
					Month	Year	NK		Month	Year	NK
Fostair	100/6	mcg	2 puffs BD	Inhaler	1	2015	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Ciclesonide	80	mcg	2 puffs OD	Inhaler	1	2015	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Spiriva	2.5	mcg	2 puffs OD	Inhaler	1	2015	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Ventolin	100	mg	PRN	Inhaler	1	2015	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Montelukast	10	mg	nocte	PO	1	2015	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Sertraline	50	mg	OD	PO	5	2016	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Alendronic Acid	70	mg	once a week	PO	11	2016	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Lansoprazole	30	mg	OD	PO			<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

3.2 New asthma and non-asthma medication, and any changes in doses to existing medication, since last visit.

Drug	D o s e		Frequency	Route	S t a r t e d			Ongoing?	E n d e d		
	Quantity	Units			Month	Year	NK		Month	Year	NK
1. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
7. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
8. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
9. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
10. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

### 4. Asthma Treatment Details

Since the last WATCH Visit have you been treated with ...

Responses from  
21Mar 2017  
(Enrolment CRF)

4.1 Omalizumab (Xolair)? Yes  No   
 Please enter details into Section 3 'Medications' above

No

4.2 Mepolizumab? Yes  No   
 Please enter details into Section 3 'Medications' above

No

4.3 Reslizumab? Yes  No   
 Please enter details into Section 3 'Medications' above

Not on CRF

4.4 Bronchial Thermoplasty? Yes  No   
 Start Date DD / MM / YY Ongoing? Yes  No   
 No  → Q4.5 End Date DD / MM / YY

No, never

4.5 Thermal laminar Airflow Device? Yes  No   
 e.g. from LASER study DD / MM / YY  
 No  → Q4.6

No

4.6 Inhaler technique: Date technique assessed DD / MM / YY  
 Technique: Good  Sub-optimal  Poor  Not done   
 No changes needed Minor changes needed Major changes, or change of inhaler needed

Not done

4.7 Action plan: Adequate plan pre-existing? Yes  No   
 Action plan given? Yes  No   
 Date performed DD / MM / YY

Missing

Missing

Comments .....

5. Smoking History

Responses from  
21Mar2017  
(Enrolment CRF)

5.1 Smoking status  
 Never smoked  → Q5.3  
 Current smoker  → Age started  years  
 Ex-smoker  → Age started  years    Age stopped  years

Ex-smoker  
 Started aged 20  
 Finished aged 22

5.2 Pack-year history

a) Cigarettes  
 Number smoked per day  cigarettes  
 Number of years smoked  years

b) Pipes / Cigars  
 Number smoked per day  pipes / cigars → Pipes   
 Number of years smoked  years    Cigars   
 Other  → Specify

c) Cigarillos  
 Number smoked per day  cigarillos  
 Number of years smoked  years

d) Tobacco  
 Grams smoked per day  gms  
 or  
 Ounces smoked per day  oz  
 Number of years smoked  years

**Pack-years Calculation**  
 = Cigarettes per day x yrs smoked / 20  
 1 Cigar/pipe/cigarillo = 5 cigarettes  
 12.5g or 0.5oz tobacco = 20 cigarettes  
 Total pack years

5.3 Passive exposure status  
 Currently   
 In the past  → From: Parents?   
 Never     Spouse?     *Tick all that apply*  
 Others?  → Specify   
 Number of years  years

In the past

50 yrs

E-cigarettes

5.4 Uses e-cigarettes regularly?    Yes     No  → Next Section

No

5.4.1 Used for how long?     years     months  
 5.4.2 Nicotine dose     mgs    *(Common values are 0, 3, 6, 12, 18 and 20)*  
 5.4.3 How long does it take to use 10ml of e-liquid?     weeks     days  
 5.4.4 Which flavour(s)?   

Comments  
 .....  
 .....  
 .....

### 6. Nasal Disease

Since the last WATCH Study Visit have you...

- 6.1 ... had rhinitis? Yes  No  Not known
- 6.2 ... had nasal polyps? Yes  No  Not known
- 6.3 ... had nasal surgery? Yes  No  Not known

Comments \_\_\_\_\_

- 6.4 ... had any Perennial Allergy? Yes  No  Not known
- 6.5 ... had any Seasonal Allergy? Yes  No  Not known

Comments \_\_\_\_\_

- 6.6 ... had CT Sinuses performed? Yes  No  N/K

*(Clinical indication only)*

Date performed  DD /  MM /  YY

- Findings:
- Normal
  - Polyps
  - Mucosal thickening
  - Sinus opacification / abnormality
  - Abnormal nasal turbinates
  - Other → Specify \_\_\_\_\_

Responses from  
21 Mar 2017  
(Enrolment CRF)

Yes  
Yes  
Yes

No  
No

Yes; Date: 01/07/2016

### 7. Reflux History

Since your last WATCH Study Visit have you...

- 7.1 ... been diagnosed with GORD? Yes  No
- (Patient self-report or clinician diagnosis in letter / notes)*

- 7.2 ... had any symptoms of GORD?
  - Yes, and ongoing despite on treatment
  - Yes, but not on treatment at present
  - No, on treatment and symptoms controlled
  - No

- 7.3 ... had any oesophageal testing performed or planned

*(Only if clinically indicated)*

	<u>Yes, done</u>	<u>No</u>	<u>Requested, not yet done</u>	<u>Requested, but not done for some reason e.g. DNA</u>
a) Barium swallow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	→ Date <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY			
b) OGD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	→ Date <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY			
c) Oesophageal manometry PH / impedance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	→ Date <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY			
d) Other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	→ Specify _____	→ Date <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY		

Responses from  
21 Mar 2017  
(Enrolment CRF)

Yes

Yes, and ongoing  
despite treatment

No/Never

No/Never

No/Never

No/Never

## 8. Psychological History

Responses from  
21 Mar 2017  
(Enrolment CRF)

Since your last WATCH Study Visit have you...

8.1 ... had any Diagnosis\* of:

- Depression? Yes  No
- Anxiety? Yes  No
- Other psychological / psychiatric comorbidity? Yes  No

\* Patient self-report or clinician diagnosis in letter / notes.

Specify

No  
No  
No

8.2 ...been seen by mental health professionals?

	<u>Yes</u>	<u>No</u>	<u>Requested, not yet done</u>	<u>Requested, but not done for some reason e.g. DNA</u>
a) Psychiatrist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<div style="border: 1px solid #ccc; padding: 5px; margin-left: 20px;">                     Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>                      Completed <input type="radio"/>                      Ongoing <input type="radio"/> </div>			
b) Psychologist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<div style="border: 1px solid #ccc; padding: 5px; margin-left: 20px;">                     Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>                      Completed <input type="radio"/>                      Ongoing <input type="radio"/> </div>			
c) Specialist asthma psychologist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<div style="border: 1px solid #ccc; padding: 5px; margin-left: 20px;">                     Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>                      Completed <input type="radio"/>                      Ongoing <input type="radio"/> </div>			
d) Other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<div style="border: 1px solid #ccc; padding: 5px; margin-left: 20px;">                     Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>                      Completed <input type="radio"/>                      Ongoing <input type="radio"/> </div> <p style="margin-left: 20px;">Specify <input style="width: 150px;" type="text"/></p>			

No/Never  
No/Never  
No/Never  
No/Never

### 9. Breathing Pattern Disorders

Since your last WATCH Study Visit have you...

Responses from  
21 Mar 2017  
(Enrolment CRF)

- 9.1 ... had any diagnosis of:
- (Patient self-report or clinician diagnosis in letter / notes)
- a) Vocal cord dysfunction? Yes  No
- b) Dysfunctional breathing?

No

Yes

9.2 ... had any investigations for VCD?

- |   | <u>Yes, done</u>      | <u>No</u>             | <u>Requested, not yet done</u> | <u>Requested, but not done for some reason e.g. DNA</u> |                       |
|---|-----------------------|-----------------------|--------------------------------|---|-----------------------|
| a) Nasendoscopy?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/>                                   | Yes; Date: 01/06/2015 |
| Date <input type="text" value="DD / MM / YY"/><br>Completed <input type="radio"/> Ongoing <input type="radio"/> |                       |                       |                                |   |                       |
| b) Other?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/>                                   | Missing               |
| Date <input type="text" value="DD / MM / YY"/><br>Completed <input type="radio"/> Ongoing <input type="radio"/> |                       |                       |                                |   |                       |
- Specify

9.3 ... been seen by a BPD / VCD specialist?

- |   | <u>Yes, done</u>      | <u>No</u>             | <u>Requested, not yet done</u> | <u>Requested, but not done for some reason e.g. DNA</u> |          |
|---|-----------------------|-----------------------|--------------------------------|---|----------|
| a) Physiotherapist?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/>                                   | No/Never |
| Date <input type="text" value="DD / MM / YY"/><br>Completed <input type="radio"/> Ongoing <input type="radio"/> |                       |                       |                                |   |          |
| b) Specialist asthma physiotherapist?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/>                                   | No/Never |
| Date <input type="text" value="DD / MM / YY"/><br>Completed <input type="radio"/> Ongoing <input type="radio"/> |                       |                       |                                |   |          |
| c) Speech therapist?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/>                                   | No/Never |
| Date <input type="text" value="DD / MM / YY"/><br>Completed <input type="radio"/> Ongoing <input type="radio"/> |                       |                       |                                |   |          |
| d) Other?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/>                                   | No/Never |
| Date <input type="text" value="DD / MM / YY"/><br>Completed <input type="radio"/> Ongoing <input type="radio"/> |                       |                       |                                |   |          |
- Specify

**10. Comorbidities and Procedures**

**10.1 Comorbidities**

	<u>Previously had? *</u>			<u>Currently have?</u>		
	<u>Yes</u>	<u>No</u>	<u>N/K</u>	<u>Yes</u>	<u>No</u>	<u>N/K</u>
a) COPD	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Allergic Bronchopulmonary Aspergillosis or SAFS	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Non-CF Bronchiectasis	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Cystic Fibrosis	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Bronchiolitis	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Churg Strauss Syndrome	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Chronic urticaria / angioedema	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Sulphite sensitivity	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Salicylate (aspirin) sensitivity	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Eczema	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Latex allergy	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Sleep apnoea	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* The ticks are responses at earlier visits.  
Please update as necessary.

**Existing Other Comorbidities**

RHINITIS	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GORD	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DYSFUNCTIONAL BREATHING	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OSTEOPOROSIS	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IRRITABLE BOWEL SYNDROME	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**New comorbidities since last visit** (write in)

1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10.2 Procedures**

	<u>Ever Received?</u>			<u>If 'Yes', Date of Procedure</u>
	<u>Yes</u>	<u>No</u>	<u>N/K</u>	
a) Bariatric surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>DD / MM / YY</u>
b) Hiatus hernia repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>DD / MM / YY</u>
c) Hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>DD / MM / YY</u>

**Previous Other Procedures**

**New Procedures since last visit** (write in)

1. _____	<input type="radio"/>	<u>DD / MM / YY</u>
2. _____	<input type="radio"/>	<u>DD / MM / YY</u>
3. _____	<input type="radio"/>	<u>DD / MM / YY</u>
4. _____	<input type="radio"/>	<u>DD / MM / YY</u>
5. _____	<input type="radio"/>	<u>DD / MM / YY</u>
6. _____	<input type="radio"/>	<u>DD / MM / YY</u>



**11. Anthropometry**

11.1 Height -metres How obtained? Measured  Asked patient

Height: 1.58m on 21 Mar 2017 (Enrolment)

11.2 Weight -kg How obtained? Measured  Asked patient

Weight: 69.70kg on 21 Mar 2017 (Enrolment)

**12. Imaging - HRCT**

12.1 HRCT performed? Yes  No

Scan last performed 21 Mar 2017 (Enrolment CRF)

12.2 Date performed   /   /

12.3 HRCT evidence of:

	<u>Yes</u>	<u>No</u>
Central bronchiectasis	<input type="radio"/>	<input type="radio"/>
Other bronchiectasis	<input type="radio"/>	<input type="radio"/>
Bronchial dilation without bronchiectasis	<input type="radio"/>	<input type="radio"/>
Bronchial wall thickening	<input type="radio"/>	<input type="radio"/>
Ground glass shadowing	<input type="radio"/>	<input type="radio"/>
Mucus plugging	<input type="radio"/>	<input type="radio"/>
Air trapping	<input type="radio"/>	<input type="radio"/>
Scan reported as normal by radiologist	<input type="radio"/>	<input type="radio"/>
Emphysema - Centrilobular	<input type="radio"/>	<input type="radio"/>
Emphysema - Panacinar	<input type="radio"/>	<input type="radio"/>
Other category / other findings	<input type="radio"/>	<input type="radio"/>

Specify in 'Comments' below

Comments

.....

.....

.....

**13. Imaging - DEXA**

13.1 DEXA scan performed? Yes  No

No record of any previous scan.

13.2 Date performed   /   /

13.3 Spinal bone density (L1-4) T score

13.4 Femoral neck bone density (L1-4) T score: a) Left

b) Right

Comments

.....

.....

**14. Concordance**

No record of any previous results.

14.1 % Concordance preventer %

14.2 Number of refills for the reliever  per how many weeks?  wks

14.3 Subjective clinical impression of concordance

Good

Sub-optimal

Poor

Unable to comment

Comments

.....

.....

.....

At this point ask the patient to complete the Questionnaires (esp. ACQ 6/7 and EuroQoL-5D)

**Questionnaires Previously Completed**

CRF	ACQ 6/7		EuroQoL EQ-5D-5L		Nijmegen		Epworth Sleepiness		HADS	
	Date	Score	Date	Score	Date	Score	Date	Score	Date	Score
Enrolment	13/03/2017	4.2	13/03/2017	313	13/03/2017	99	13/03/2017	18	13/03/2017	99

**15. Dietary Assessment**

No previous record.

15.1 Body composition assessed? Yes  No  → Q15.2

Test	Result
FFM	<input type="text"/> kg
FM	<input type="text"/> kg
FFMi	<input type="text"/> kg/m <sup>2</sup>
SMM	<input type="text"/> kg
PhA	<input type="text"/> degrees

15.2 Seen by asthma specialist dietician?

- Not required
  - Ongoing
  - To be seen
  - Discharged, treated
  - Discharged, DNA
- Tick ONE only

**16. Research Samples**

- 16.1 Date research bloods taken  /  /
- 16.2 Date urine taken  /  /
- 16.3 Date sputum taken  /  /

Collected 21Mar 2017  
Collected 21 Mar 2017  
Not yet collected

**16b. Research Samples for Patients Enrolled in "WATCH NIH" Study**

- 16b.1 Date PBMC #1  /  /
- 16b.2 Date PBMC #2  /  /
- 16b.3 Date PBMC #3  /  /
- 16b.4 Date Sputum  /  /
- 16b.5 Date Bronch  /  /

Not yet collected  
Not yet collected  
Not yet collected  
Not yet collected  
Not yet collected

### 17. FeNO (Exhaled Nitric Oxide)

Test last performed 21 Mar 2017 (Enrolment CRF)

17.1 Was FeNO(50) done?

Yes  No  → 17.2

17.1.1 Date performed   /   /

17.1.2 Where done? UHS PFT  UHS Research Lab.  IOW OPD Clinic   
UHS Resp. Centre  Portsmouth OPD Clinic

17.1.3 Did the patient refrain from eating and drinking for at least 2 hours prior to the FeNO measurement? Yes  No  Unknown   
Consider performing test at next visit

17.1.4 Bedfont (50ml/sec) 1.  2.  3.

17.2 Was Multiple Flow NO done? (University Hospital Southampton only)

Yes  No  → Next Section

17.2.1 Date performed   /   /

17.2.2 Test results Attach the results printout to this CRF. Please ensure the Subject No. is written clearly on the printout.

Comments

.....

.....

.....

No record of any previous test.

### 18. Spirometry

No record of any previous test.

18.1 Was Spirometry done? Yes  → 18.2 No  → Next Section

Use historical REVERSIBILITY data if available within last 12 months

18.2 Date of test   /   /

18.3 Where done? UHS PFT  UHS Research Lab.  IOW OPD Clinic   
UHS Resp. Centre  Portsmouth OPD Clinic

18.4 Was acceptable spirometry obtained? Yes  No   
(Only record parameters of good quality)

18.5 Was a washout period observed? Yes  No  → Record results as POST-BD  
(SABA 4 hours and LABA 12 hours)

18.6 Last use of short-acting β-agonist Date   /   /   Time   :    
(Salbutamol, Ventolin, Terbutaline, Bricanyl)  
or NA  (e.g. if using maintenance inhaler as reliever)

18.7 Last use of long-acting β-agonist Date   /   /   Time   :    
(Formoterol, Fumarate, Salmeterol, Bambuterol)

18.8 Test results Attach the results printout to this CRF. Please ensure the Subject No. is written clearly on the printout.

Comments

.....

.....

.....

### 19. Lung Volumes

No record of any previous test.

19.1 Date of test DD / MM / YY

19.2 Where done? UHS PFT  UHS Research Lab.  IOW OPD Clinic   
 Portsmouth OPD Clinic

19.3 Method used Plethysmography  Nitrogen washout  Other  → Specify \_\_\_\_\_

19.4 Test results *Attach the results printout to this CRF. Please ensure the Subject No. is written clearly on the printout.*

Comments .....

### 20. Single Breath Diffusion / Transfer Facto

No record of any previous test.

20.1 Was test done?

Yes  No  → Next Section

20.2 Date of test DD / MM / YY

20.3 Where done? UHS PFT  UHS Research Lab.  IOW OPD Clinic   
 Portsmouth OPD Clinic

20.4 Test results *Attach the results printout to this CRF. Please ensure the Subject No. is written clearly on the printout.*

Comments .....

### 21. Impulse Oscillometry (IOS)

No record of any previous test.

21.1 Was test done? Yes  No  → Next Section

If Yes:

21.2 Date of tests DD / MM / YY

21.3 Where done? UHS PFT  UHS Research Lab.  IOW OPD Clinic   
 Portsmouth OPD Clinic

21.4 Was a washout period observed? Yes  No  → Record results as POST-BD  
 (SABA 4 hours and LABA 12 hours)

21.5 Last use of short-acting β-agonist Date DD / MM / YY Time HH : MM  
 (Salbutamol, Ventolin, Terbutaline, Bricanyl) or NA  (e.g. if using maintenance inhaler as reliever)

21.6 Last use of long-acting β-agonist Date DD / MM / YY Time HH : MM  
 (Formoterol, Fumarate, Salmeterol, Bambuterol)

21.7 Test results *Attach the results printout to this CRF. Please ensure the Subject No. is written clearly on the printout.*

Comments .....

**22. Multiple Breath Nitrogen Washout (MBNW)** *(University Hospital Southampton only)*

No record of any previous test.

22.1 Was test done? Yes  No  → Next Section

22.2 Date of test

22.3 Time of test

22.4 Test Results *Attach the results printout to this CRF. Please ensure the Subject No. is written clearly on the printout.*

Comments .....

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**23. Allergy Testing**

Last tested  
21Mar 2017  
(Enrolment CRF)

23.1 Skin prick test form attached?

Yes  No

23.2 Date performed

23.3 Number of days H1 or H2 anti-histamines omitted? n/a  or  days  
*(If greater than 3 days just enter '3')*

23.4 Number of days Tricyclic Antidepressants (TCAs) omitted? n/a  or  days  
*(If greater than 7 days just enter '7')*

Comments .....

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**24. Allergy RAST Testing**

24.1 Previous Tests

24.2 New tests carried out since last WATCH Study visit

	Allergen	Test Date	Result	Grade	Notes
1.	<input type="text"/>	<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**25. Sputum**

No record of any previous sputums.

25.1 Sputum eosinophils     %

25.2 Sputum neutrophils     %

**26. Bronchoscopy**

No record of any previous bronchoscopy.

26.1 Bronchoscopy performed? (Only if clinically indicated)

Yes  No

26.2 Date performed   /   /

26.3 Histological findings? Yes  No   
 (Attach printout report)

**26.4 Brushings and Biopsies**

	<u>Number</u>	<u>Time</u>	<u>Site of Samples</u>
a) Biopsies	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/>
b) Brushings	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/>

**26.5 Bronchial lavage**

In   ml Out   ml

Comments

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**27. Other Research Study Participations**

Set in Code

- a) WATCH BI
- b) WATCH NIH
- c) WATCH ROGSA
- d) Panos
- e) WSAC
- f) UBIOPRED
- g) SoMOSA
- h) RASP UK
- i) RASP Bronch
- j) MEPO
- k) MIDAS

Others (specify)

- i
- ii
- iii
- iv