1. Re-consent

1.1 Re-consent

Ongoing verbal consent obtained? Yes O  No O
Re-consent taken by

2. Asthma History

2.1 Do you self-manage exacerbations? Yes O  No O

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 O  No O  Not known O

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 antibiotics? __________________________

2.5 Are you on long-term antibiotics? Yes O  No O
   Which antibiotic(s)? __________________________
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.)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
<th>Units</th>
<th>Frequency</th>
<th>Route</th>
<th>Started Month</th>
<th>Started Year</th>
<th>NK</th>
<th>Still Ongoing?</th>
<th>Ended Month</th>
<th>Ended Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostair</td>
<td>100/6</td>
<td>mcg</td>
<td>2 puffs BD</td>
<td>Inhaler</td>
<td>1</td>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciclesonide</td>
<td>80</td>
<td>mcg</td>
<td>2 puffs OD</td>
<td>Inhaler</td>
<td>1</td>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiriva</td>
<td>2.5</td>
<td>mcg</td>
<td>2 puffs OD</td>
<td>Inhaler</td>
<td>1</td>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventolin</td>
<td>100</td>
<td>mg</td>
<td>PRN</td>
<td>Inhaler</td>
<td>1</td>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montelukast</td>
<td>10</td>
<td>mg</td>
<td>PRN</td>
<td>PO</td>
<td>1</td>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sertraline</td>
<td>50</td>
<td>mg</td>
<td>OD</td>
<td>PO</td>
<td>5</td>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alendronic Acid</td>
<td>70</td>
<td>mg</td>
<td>once a week</td>
<td>PO</td>
<td>11</td>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lansoprazole</td>
<td>30</td>
<td>mg</td>
<td>OD</td>
<td>PO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Quantity</th>
<th>Units</th>
<th>Frequency</th>
<th>Route</th>
<th>Started Month</th>
<th>Started Year</th>
<th>NK</th>
<th>Ongoing?</th>
<th>Ended Month</th>
<th>Ended Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 4. Asthma Treatment Details

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

<table>
<thead>
<tr>
<th>4.1 Omalizumab (Xolair)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Please enter details into Section 3 'Medications' above

<table>
<thead>
<tr>
<th>4.2 Mepolizumab?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Please enter details into Section 3 'Medications' above

<table>
<thead>
<tr>
<th>4.3 Reslizumab?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Please enter details into Section 3 'Medications' above

<table>
<thead>
<tr>
<th>4.4 Bronchial Thermoplasty?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Start Date: _DD/MM/YY_
Ongoing?: Yes
End Date: _DD/MM/YY_

<table>
<thead>
<tr>
<th>4.5 Thermal laminar Airflow Device?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Start Date: _DD/MM/YY_

<table>
<thead>
<tr>
<th>4.6 Inhaler technique:</th>
<th>Technique:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good: No changes needed</td>
</tr>
<tr>
<td></td>
<td>Sub-optimal: Minor changes needed</td>
</tr>
<tr>
<td></td>
<td>Poor: Major changes, or change of inhaler needed</td>
</tr>
<tr>
<td></td>
<td>Not done</td>
</tr>
</tbody>
</table>

Date technique assessed: _DD/MM/YY_

<table>
<thead>
<tr>
<th>4.7 Action plan:</th>
<th>Adequate plan pre-existing?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Action plan given?: Yes

Date performed: _DD/MM/YY_

Comments: 

---

Responses from 21Mar 2017 (Enrolment CRF)

- 4.1 Omalizumab: No
- 4.2 Mepolizumab: No
- 4.3 Reslizumab: Not on CRF
- 4.4 Bronchial Thermoplasty: No, never
- 4.5 Thermal laminar Airflow Device: No
- 4.6 Inhaler technique: Not done
- 4.7 Action plan: Missing

---

Version 3.3, 19 Sep 2017

Page 3 of 14

Page completed by ________________________

Date completed: _DD/MM/YY_
5. Smoking History

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

5.2 Pack-year history
a) Cigarettes
   - Number smoked per day
   - Number of years smoked

b) Pipes / Cigars
   - Number smoked per day
   - Number of years smoked

Cigarillos
- Number smoked per day
- Number of years smoked

Tobacco
- Grams smoked per day
  - Number of years smoked
- Ounces smoked per day
  - Number of years smoked

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
- Never

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

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
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Ex-smoker
Started aged 20
Finished aged 22

Responses from 21Mar2017 (Enrolment CRF)
6. Nasal Disease

Since the last WATCH Study Visit have you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 ... had rhinitis?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2 ... had nasal polyps?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3 ... had nasal surgery?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.4 ... had any Perennial Allergy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5 ... had any Seasonal Allergy?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.6 ... had CT Sinuses performed?</td>
<td>Yes</td>
<td>No</td>
<td>N/K</td>
</tr>
</tbody>
</table>

Date performed: __/__/____

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

Since the last WATCH Study Visit have you...

<table>
<thead>
<tr>
<th>Response</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>

7. Reflux History

Since your last WATCH Study Visit have you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 ... been diagnosed with GORD?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Patient self-report or clinician diagnosis in letter / notes)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes, ongoing despite on treatment</th>
<th>Yes, but not on treatment at present</th>
<th>No, on treatment and symptoms controlled</th>
<th>No</th>
</tr>
</thead>
</table>

7.3 ... had any oesophageal testing performed or planned
(Only if clinically indicated)

<table>
<thead>
<tr>
<th>Test</th>
<th>Yes, done</th>
<th>No</th>
<th>Requested, not yet done</th>
<th>Requested, but not done for some reason e.g. DNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Barium swallow?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) OGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Oesophageal manometry PH / impedance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Other?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date performed: __/__/____

Specify

Since your last WATCH Study Visit have you...

<table>
<thead>
<tr>
<th>Response</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>
8. Psychological History

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.

8.2 ... been seen by mental health professionals?

a) Psychiatrist?
- Yes
- No

b) Psychologist?
- Yes
- No

c) Specialist asthma psychologist?
- Yes
- No

d) Other?
- Yes
- No

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Since your last WATCH Study Visit have you...

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Since your last WATCH Study Visit have you...

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Since your last WATCH Study Visit have you...

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Since your last WATCH Study Visit have you...

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Since your last WATCH Study Visit have you...

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No

Since your last WATCH Study Visit have you...

Responses from 21 Mar 2017 (Enrolment CRF)

No
No
No
9. Breathing Pattern Disorders

Since your last WATCH Study Visit have you...

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

9.2 ... had any investigations for VCD?
   a) Nasendoscopy? [Yes/No]
      Date: \[DD/MM/YY\]
      Completed: [Yes/No]
      Ongoing: [Yes/No]
   b) Other? [Yes/No]
      Date: \[DD/MM/YY\]
      Completed: [Yes/No]
      Ongoing: [Yes/No]

9.3 ... been seen by a BPD / VCD specialist?
   a) Physiotherapist? [Yes/No]
      Date: \[DD/MM/YY\]
      Completed: [Yes/No]
      Ongoing: [Yes/No]
   b) Specialist asthma physiotherapist? [Yes/No]
      Date: \[DD/MM/YY\]
      Completed: [Yes/No]
      Ongoing: [Yes/No]
   c) Speech therapist? [Yes/No]
      Date: \[DD/MM/YY\]
      Completed: [Yes/No]
      Ongoing: [Yes/No]
   d) Other? [Yes/No]
      Date: \[DD/MM/YY\]
      Completed: [Yes/No]
      Ongoing: [Yes/No]
10. Comorbidities and Procedures

10.1 Comorbidities

<table>
<thead>
<tr>
<th>Previous had?</th>
<th>Currently have?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a) COPD</td>
<td>✓</td>
</tr>
<tr>
<td>b) Allergic Bronchopulmonary Aspergillosis or SAFS</td>
<td>✓</td>
</tr>
<tr>
<td>c) Non-CF Bronchiectasis</td>
<td>✓</td>
</tr>
<tr>
<td>d) Cystic Fibrosis</td>
<td>✓</td>
</tr>
<tr>
<td>e) Bronchiolitis</td>
<td>✓</td>
</tr>
<tr>
<td>f) Churg Strauss Syndrome</td>
<td>✓</td>
</tr>
<tr>
<td>g) Chronic urticaria / angioedema</td>
<td>✓</td>
</tr>
<tr>
<td>h) Sulphite sensitivity</td>
<td>✓</td>
</tr>
<tr>
<td>i) Salicylate (aspirin) sensitivity</td>
<td>✓</td>
</tr>
<tr>
<td>j) Eczema</td>
<td>✓</td>
</tr>
<tr>
<td>k) Latex allergy</td>
<td>✓</td>
</tr>
<tr>
<td>l) Sleep apnoea</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

Existing Other Comorbidities

RHINITIS ✓ 0 0 0
GORD ✓ 0 0 0
DYSFUNCTIONAL BREATHING ✓ 0 0 0
OSTEOPOROSIS ✓ 0 0 0
IRRITABLE BOWEL SYNDROME ✓ 0 0 0

New comorbidities since last visit (write in)

1. 
2. 
3. 
4. 
5. 
6. 

10.2 Procedures

<table>
<thead>
<tr>
<th>Ever Received?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>a) Bariatric surgery</td>
</tr>
<tr>
<td>b) Hiatus hernia repair</td>
</tr>
<tr>
<td>c) Hysterectomy</td>
</tr>
</tbody>
</table>

Previous Other Procedures

New Procedures since last visit (write in)

1. 
2. 
3. 
4. 
5. 
6. 

Date completed: D D / M M / Y Y
11. Anthropometry

11.1 Height

___m__

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 ○

12.2 Date performed

12.3 HRCT evidence of:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central bronchiectasis</td>
<td>○</td>
</tr>
<tr>
<td>Other bronchiectasis</td>
<td>○</td>
</tr>
<tr>
<td>Bronchial dilation without bronchiectasis</td>
<td>○</td>
</tr>
<tr>
<td>Bronchial wall thickening</td>
<td>○</td>
</tr>
<tr>
<td>Ground glass shadowing</td>
<td>○</td>
</tr>
<tr>
<td>Mucus plugging</td>
<td>○</td>
</tr>
<tr>
<td>Air trapping</td>
<td>○</td>
</tr>
<tr>
<td>Scan reported as normal by radiologist</td>
<td>○</td>
</tr>
<tr>
<td>Emphysema - Centrilobular</td>
<td>○</td>
</tr>
<tr>
<td>Emphysema - Panacinar</td>
<td>○</td>
</tr>
<tr>
<td>Other category / other findings</td>
<td>○</td>
</tr>
</tbody>
</table>

Specify in ‘Comments’ below

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

13. Imaging - DEXA

13.1 DEXA scan performed? Yes ○ No ○

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

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

<table>
<thead>
<tr>
<th>Questionnaires</th>
<th>CRF</th>
<th>Nijmegen</th>
<th>EuroQoL EQ-5D-5L</th>
<th>ACQ 6/7</th>
<th>Epworth Sleepiness</th>
<th>H A D S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Score</td>
<td>Date</td>
<td>Score</td>
<td>Date</td>
<td>Score</td>
<td>Date</td>
</tr>
<tr>
<td>Enrolment</td>
<td>13/03/2017</td>
<td>13/03/2017</td>
<td>131</td>
<td>13/03/2017</td>
<td>99</td>
<td>13/03/2017</td>
</tr>
</tbody>
</table>

15. Dietary Assessment

15.1 Body composition assessed? Yes

Test | Result
FFM | ________ kg
FM | ________ kg
FFMi | ________ kg/m²
SMM | ________ kg
PhA | ________ 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: D D / M M / Y Y
- Collected 21 Mar 2017

16.2 Date urine taken: D D / M M / Y Y
- Collected 21 Mar 2017

16.3 Date sputum taken: D D / M M / Y Y
- Not yet collected

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

16b.1 Date PBMC #1: D D / M M / Y Y
- Not yet collected

16b.2 Date PBMC #2: D D / M M / Y Y
- Not yet collected

16b.3 Date PBMC #3: D D / M M / Y Y
- Not yet collected

16b.4 Date Sputum: D D / M M / Y Y
- Not yet collected

16b.5 Date Bronch: D D / M M / Y Y
- Not yet collected

No previous record.
17. FeNO (Exhaled Nitric Oxide)

17.1 Was FeNO(50) done?  
Yes ☐ No ☐  

17.1.1 Date performed  DDMMYY

17.1.2 Where done?  
UHS PFT ☐  
UHS Research Lab. ☐  
UHS Resp. Centre ☐  
IOW OPD Clinic ☐  
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?  
Yes ☐ No ☐  
Next Section

17.2.1 Date performed  DDMMYY

➢

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

Comments  

18. Spirometry

18.1 Was Spirometry done?  
Yes ☐ No ☐  
Next Section

Use historical REVERSIBILITY data if available within last 12 months

18.2 Date of test  DDMMYY

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

18.6 Last use of short-acting β-agonist  
Date  DDMMYY  
Time  HH:MM  
or NA ☐  
(e.g. if using maintenance inhaler as reliever)

18.7 Last use of long-acting β-agonist  
Date  DDMMYY  
Time  HH:MM

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

Comments  

Version 3.3, 19 Sep 2017
19. Lung Volumes

19.1 Date of test  

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

19.3 Method used
- Plethysmography
- Other [Specify]

19.4 Test results

19.5 Comments

20. Single Breath Diffusion / Transfer Factor

20.1 Was test done?
- Yes
- No

20.2 Date of test  

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

20.4 Test results

20.5 Comments

21. Impulse Oscillometry (IOS)

21.1 Was test done?
- Yes
- No

21.2 Date of tests  

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

21.4 Was a washout period observed?
- Yes
- No

21.5 Last use of short-acting β-agonist
- Date
- Time
- (Salbutamol, Ventolin, Terbutaline, Bricanyl)

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

21.7 Test results

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

22.1 Was test done?  Yes ☐  No ☐  ➢  Next Section

22.2 Date of test  D D / M M / Y Y

22.3 Time of test  H H : M M

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

Comments

--------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------

23. Allergy Testing

23.1 Skin prick test form attached?

Yes ☐  No ☐  ➢

23.2 Date performed  D D / M M / Y Y

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

--------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------

24. Allergy RAST Testing

24.1 Previous Tests

24.2 New tests carried out since last WATCH Study visit

<table>
<thead>
<tr>
<th>Allergen</th>
<th>Test Date</th>
<th>Result</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>D D / M M / Y Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>D D / M M / Y Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>D D / M M / Y Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>D D / M M / Y Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>D D / M M / Y Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Last tested 21Mar 2017 (Enrolment CRF)
25. Sputum

25.1 Sputum eosinophils

25.2 Sputum neutrophils

26. Bronchoscopy

26.1 Bronchoscopy performed? (Only if clinically indicated)

26.2 Date performed

26.3 Histological findings? (Attach printout report)

26.4 Brushings and Biopsies

<table>
<thead>
<tr>
<th>Number</th>
<th>Time</th>
<th>Site of Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Biopsies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Brushings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26.5 Bronchial lavage

<table>
<thead>
<tr>
<th>In</th>
<th>Out</th>
</tr>
</thead>
</table>

Comments

27. Other Research Study Participations

| 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 |