30. Visit 4 - Date of Visit 4

Number	Question	Answers
30.1	Date of Visit 4	*(dd-mm-yyyy)*

31. Visit 4 - Treatment Compliance

Number	Question	Answers

Please note: questions will not appear here if the participant has been randomised to background therapy only at visit 2

31.1   Is the participant still taking the inhaled antibiotic prescribed for eradication treatment at visit 2?   ○ Yes   ○ No

If any trial treatments have completed, please complete the trial treatment end date on Castor Visit 2: Trial Treatment

32. Visit 4 - Concomitant Medications

Number	Question
	Review participant medications and record on Concomitant Log.
32.1	Complete Concomitant Medications: Respiratory Medication
32.2	Complete Concomitant Medications: Other Concomitant Medication

33. Visit 4 - Vital Signs

Number	Question	Answers	
33.1	Blood pressure - Systolic		mmHg
33.2	Blood pressure - Diastolic		mmHg
33.3	Pulse rate		beats/min
33.4	Temperature		°C
33.5	Oxygen saturation		%

34. Visit 4 - Sputum Samples

Number	Question	Answers
34.1	Have there been any routine sputum samples collected since the last visit?	○ Yes ○ No
34.1.1	Add date of sample & P. aerugisa positive/negative result to Castor	
34.2	Was a clinical sputum sample collected at this visit, as per the lab manual?	○ Yes ○ No
34.2.1	Add date of sample, P. aerugisa positive/negative result and antibiotics susceptability results to Castor	
34.3	Was a research sputum sample collected at this visit, as per the lab manual? If yes, post this sample on date of visit If no, issue the sputum postage box, sputum postage form and instruction leaflet to the participant	○ Yes ○ No

35. Visit 4 - Questionnaires

Number	Question
35.1	CAAT
35.2	EQ-5D-5L
35.3	QOL-B

36. Visit 4 - Exacerbations

Number	Question
36.1	Record any exacerbations since previous visit

37. Visit 4 - Adverse Events

Number	Question
37.1	Record any adverse events since previous visit