



Participant name:

CHI / Hospital ID:

ESCAPE: Exacerbation and Symptom Control After Pseudomonas Eradication Treatment in Adult Bronchiectasis: a multicentre randomized controlled trial

Sponsor University of Dundee & NHS Tayside
 Chief Investigator Professor James Chalmers
 IRAS number 1011311

Principal Investigator

Contact number

Contact email

Visit 2 – Randomisation

To be filed in medical notes as source data

Date of visit: Participant ID:

Please tick to indicate the following trial procedures have been completed:

- Confirmed participant's identity
- Participant consented to continue in the trial
- Vital signs
- Eligibility confirmed & eligibility form signed before randomisation
- Participant was randomised as per protocol
- Trial treatment prescription issued, if applicable
- Concomitant medications have been reviewed
- Exacerbations have been reviewed
- Adverse events have been reviewed

Samples:

- Clinical Sputum Sample collected at visit
- Research Sputum Sample:
- Research sputum sample collected at visit
- OR
- Research sputum sample to be posted by participant
- Review of any routine clinical sputum sample results for *P. aeruginosa*



Participant name:
 CHI / Hospital ID:

Questionnaires:

Quality of Life-Bronchiectasis Questionnaire
 Chronic Airways Assessment Test
 EQ-5D-5L Questionnaire
 BEST Symptom Diary:
 Participant issued weekly paper diary pack
 OR
 Electronic symptom diary notifications set up on eCRF

Vital signs:

Blood pressure **mmHg** Pulse **bpm**
 Oxygen saturation (room air) **%** Temperature **°C**

Trial medication

Tick to confirm:
 Participant Randomised to Background Therapy Only
 Participant Randomised to Eradication Treatment plus Background Therapy

The following must be filed in the participant's medical notes:

- Eligibility form signed by doctor on the delegation log
- If the participant was randomised to eradication treatment; trial treatments prescribed must be documented in the medical notes.
- Changes to concomitant medications since last visit, or state there were no changes
- Any adverse events since last visit, or state there were none
- Any exacerbations since last visit, or state there were none
- Any other notable findings and actions taken
- Any paper copies of questionnaires
- If the participant was withdrawn from the trial at this visit, document reason

Any further information of note:

Visit has been carried out as per protocol

Signature: Job title:
 Name: Date: