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	
Contac Number	
Contact email	

Visit 1 – Screening
To be filed in medical notes as source data

Date of visit: Participant trial ID

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

- Participant has had the Participant Information Sheet for sufficient time ☐
- Confirmed participant's identity ☐
- Informed Consent received ☐
- Eligibility checks ☐
- Vital signs ☐

Samples

- Negative urine pregnancy test, if applicable ☐
- Sputum sample positive for *P. aeruginosa* within previous 6 months ☐
- OR
- Collection of sputum sample for *P. aeruginosa* testing ☐

Pregnancy Test:
Is the Participant a woman of childbearing potential? Yes ☐ No ☐

If Female but not of childbearing potential, how has this been confirmed?

- Post Menopausal ☐ Date of Last Period
- Permanent sterilisation ☐

Participant name:	
CHI / Hospital ID:	

ECG

Please tick:

Normal	☐
Abnormal, not clinically significant	☐
Abnormal, clinically significant	☐

If abnormal document abnormality and any actions taken, if any:

Name of Doctor making assessment:

Vital signs:

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

Physical exam

Please tick:

Normal	☐
Abnormal, not clinically significant	☐
Abnormal, clinically significant	☐

If abnormal document abnormality and any actions taken, if any:

Name of Doctor making assessment:

Participant name:	
CHI / Hospital ID:	

The following must have source data documented in the medical notes. If not documented elsewhere these should be written in the notes.

- Concomitant medications, file a copy of repeat prescription if available, ensure this is accurate for what the participant is taking at the time of visit, update if necessary.
- History of bronchiectasis
- Medical history
- Bronchiectasis severity index
- Any notable findings and actions taken

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

- Front coloured card/sheet/sticker to state they are a research participant
- Copy of the signed Informed Consent Form
- Copy of GP letter informing GP of participation
- ECG signed & dated
- Pregnancy test results, if applicable
- Sputum sample results: either a positive sample for *P. aeruginosa* within previous 6 months or results of sample taken at visit 1
- If the participant was withdrawn from the trial at this visit, document reason

Any further information of note:

The visit has been carried out as per protocol.

Signature:	
Name:	
Job title:	
Date:	