COBEX

ELIGIBILITY CRITERIA

Patient Initials : | | | |

Patient Study Number : | | | |

Date : D D / M M / Y Y Y Y

Inclusion Criteria

	Yes	No
Patient has evidence of Bronchiectasis (HRCT evidence/as characterised previously)	☐	☐
Greater than 18 yrs of age	☐	☐
Able to co-operate for a period of 12 months	☐	☐
Patients are daily sputum producers	☐	☐

Exclusion Criteria

Currently on treatment for NTM	☐	☐
Cystic fibrosis	☐	☐
On Immunoglobulin replacement Therapy	☐	☐
Eligible to Participate ?	☐	☐
Gender	Male ☐	Female ☐

Date of Birth D D / M M / Y Y Y Y

Weight ☐☐☐.☐ (Kg)

Height ☐☐☐ (cm - nearest whole no)

BMI ☐☐☐ (weight/height^2)

COBEX

DEMOGRAPHICS

Patient Initials : | | | |

Patient Study Number : | | | |

Date : D D / M M / Y Y Y Y

Smoking History

	Yes	No
Ex-Smoker	☐	☐
Current Smoker	☐	☐
Non Smoker	☐	☐

To calculate pack years (average no of cigarettes per day/20)x no of years smoked
Example 1) 20cig/day for 10 years = 1 pack a day for 10 years = 10 pack years
Example 2) 30cig/day (average) smoked for 15 years = (30cig/20) x 15 years = 22.5 pack years
1 pipe is equivalent to 5 cigarettes. ☐☐☐

Past Medical History

	Yes	No
Asthma	☐	☐
Gastroesophageal reflux disease	☐	☐
COPD	☐	☐
ABPA	☐	☐
Heart Disease	☐	☐

Cuase of bronchiectasis if known

	Yes	No
Post Pneumonic	☐	☐
Youngs Syndrome	☐	☐
Ciliary Dysfunction	☐	☐
Aspiration	☐	☐
Panbronchiolities	☐	☐
Rheumatiod artritis	☐	☐
Congenital Defects	☐	☐
Post tubercle	☐	☐
ABPA	☐	☐
Childhood infections (including pertussis, pneumonia & measles)	☐	☐
Antibody Deficiency with normal Immunoglobulins	☐	☐

Other ☐

Age at diagnosis of bronchiectasis yrs ☐☐ months ☐☐

Duration of Disease
(Length of symptoms is daily sputum production or dominant symptom for patient that is suggestive of bronchiectasis yrs ☐☐

No of hospital admissions in the preceding 12 months due to chest problems with bronchiectasis ☐☐

No of ICU admissions in the preceding 12 months due to chest problems with bronchiectasis ☐☐

ANTIBIOTIC HISTORY

	Yes	No
Is the patient on long term maintenance antibiotics	☐	☐

Oral Antibiotics

Amoxicillin / penicillin	☐
Doxycycline	☐
Azithromycin	☐
Ciprofloxacin	☐
Erythromycin	☐
Other	

Nebulized Antibiotics

Colomycin	☐
Gentamycin	☐
Tobramycin	☐
Other	

Over the last 12 month period (from baseline)

No of courses of oral antibiotics ☐☐

No of courses of intravenous antibiotics ☐☐

Corticosteriod History	Yes	No
Maintained on long term oral corticosteroids	☐	☐

If yes to maintenance or long term oral corticosteroids please indicate dose ☐☐ mg

Inhale corticosteroids

Fluticasone ☐

Beclamethasone ☐

Budesonide ☐

Other ☐

Total daily dose ☐☐☐☐ mcg

Other Treatments

	Yes	No
Domicillary oxygen	☐	☐
LTOT	☐	☐
Short burst oxygen therapy	☐	☐
Nebulised hyperosmolar agent (normal saline)	☐	☐
Mycolytic agent	☐	☐

<u>Previous Surgery</u>	Yes	No
Pneumonectomy	☐	☐
Lobectomy	☐	☐
Thoracoplasty	☐	☐

Other ☐

Other Treatments (Contd)

	Yes	No
On long term non invasive ventilation (NIV)	☐	☐
Recent periodontal treatment (last 6 months)	☐	☐
Given antibiotics for periodontal treatment	☐	☐

CHEST PHYSIOTHERAPY

What technique do you normally use	Yes	No
Active cycle of Breathing Technique (ACBT)	☐	☐
Postural drainage	☐	☐
Flutter valve	☐	☐
Acapella	☐	☐
Autogenic Drainage	☐	☐
Exercise	☐	☐
Percussion / vibration / shaking	☐	☐

How often do you do physiotherapy

Never ☐ Once every other month ☐ Once a month ☐ Several times a month ☐

Once a week ☐ Several times a week ☐ At least daily ☐

<u>Vaccinations</u>	Yes	No
Flu jab Last 12 months	☐	☐
Pneumovax - fully immunised	☐	☐

<u>Colonised by a PPM (3 sputum samples positive in the last 1 year)</u>

	Yes	No
Pseudomonas aeroginosa	☐	☐
Haemophilus influenzae	☐	☐
Moraxella catarrhalis	☐	☐
Streptococcus pneum	☐	☐
Other		

COBEX

SYMPTOM QUESTIONNAIRE

Patient Initials : ☐☐☐

Patient Study Number : ☐☐☐

Exacerbation Number : ☐☐☐

Time Period :

- Baseline ☐
- Day 1 ☐
- Day 7 ☐
- Day 14 ☐
- Day 42 ☐

Date : D D / M M / Y Y Y Y

Over the last 7 days my coughing during the day has increased

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days my coughing has interfered with my sleep

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days I have felt generally tired most of the time

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days I have been more short of breath than usual

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days coughed up more blood than usual

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days my chest has felt more tight than usual

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days I have had more chest pain than usual

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days the amount of sputum I bring up has increased

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days my chest is easily cleared of mucus without using sputum clearance techniques

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days my chest is easily cleared of mucus using sputum clearance techniques

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Over the last 7 days I have been troubled by more wheeze than usual

Strongly disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree ☐

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say what the volume (amount) of phlegm they are bringing up, we have drawn up a scale on which the least is marked on your left as 0 and the maximum is marked on your right as 10.

We would like you to mark on the scale how much the amount of phlegm you are currently bringing up.

Please do this by drawing a line across the scale at the point that indicates the amount of phlegm.

Least Ever

Maximum Ever

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say what the colour of phlegm they are bringing up, we have drawn up a scale on which the Least discoloured or clear is marked on your left as 0 and the most discoloured is marked on your right as 10.

We would like you to mark on the scale what the colour of your phlegm is currently.

Please do this by drawing a line across the scale at the point that indicates the colour of phlegm.

Clear/
Discoloured
Least discoloured

Most

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say how good or bad your general well being is, we have drawn up a scale on which your worst is marked on your left as 0 and your best is marked on your right as 10.

We would like you to mark on the scale how you grade your well being currently.

Please do this by drawing a line across the scale at the point that indicates the your current state of well being.

Worst **Best**

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say how breathless you are, we have drawn up a scale on which the least breathless is marked on your left as 0 and the maximum is marked on your right as 10.

We would like you to mark on the scale to see how breathless you are currently.

Please do this by drawing a line across the scale at the point that indicates your breathlessness.

Least breathlessness **Most breathless**

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say how good or bad your fatigue is, we have drawn up a scale on which the best is marked on your left as 0 and the best worst is marked on your right as 10.

We would like you to mark on the scale to say how much fatigue you currently suffer with.

Please do this by drawing a line across the scale at the point that indicates the fatigue that you currently experience.

Best **Worst**

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say how good or bad your cough is, we have drawn up a scale on which the best is marked on your left as 0 and the best worst is marked on your right as 10.

We would like you to mark on the scale to say how much cough you currently suffer with.

Please do this by drawing a line across the scale at the point that indicates the cough that you currently experience.

Best **Worst**

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say how good or bad your chest pain is, we have drawn up a scale on which the best is marked on your left as 0 and the best worst is marked on your right as 10.

We would like you to mark on the scale to say how much chest pain you currently suffer with.

Please do this by drawing a line across the scale at the point that indicates the chest pain that you currently experience.

Best **Worst**

Characterisation of Bronchiectasis Study.

Patient Initials ☐☐☐

Patient Study No ☐☐☐

Exacerbation No ☐☐☐

Baseline visit ☐ Day No 1 ☐ Day No 7 ☐ Day No 14 ☐ Day No 42 ☐

VISUAL ANALOGUE SCORE (VAS)

To help people say how good or bad your chest tightness is, we have drawn up a scale on which the best is marked on your left as 0 and the best worst is marked on your right as 10.

We would like you to mark on the scale to say how much chest tightness you currently suffer with.

Please do this by drawing a line across the scale at the point that indicates the chest tightness that you currently experience.

Best **Worst**

COBEX

VISUAL ANALOGUE SCORE

Patient Initials : ☐☐☐

Patient Study Number : ☐☐☐

Exacerbation Number : ☐☐☐

Time Period :

- Baseline ☐
- Day 1 ☐
- Day 7 ☐
- Day 14 ☐
- Day 42 ☐

Date : D D / M M / Y Y Y Y

Volume of sputum	☐☐•☐☐
Colour of sputum	☐☐•☐☐
Chest pain	☐☐•☐☐
Chest tightness	☐☐•☐☐
Cough	☐☐•☐☐
Fatigue	☐-•☐☐
General well being	☐☐•☐☐
Breathlessness	☐☐•☐☐

COBEX

BORG SCORE OF BREATHLESSNESS

Patient Initials : ☐☐☐

Patient Study Number : ☐☐☐

Exacerbation Number : ☐☐☐

Time Period :

- Baseline ☐
- Day 1 ☐
- Day 7 ☐
- Day 14 ☐
- Day 42 ☐

Date : D D / M M / Y Y Y Y

USING THE FOLLOWING SCORE OF 0 TO 10,
HOW BREATHLESS DO YOU FEEL ?

0 IS NOTHING AT ALL AND
10 IS MAXIMAL BREATHLESSNESS

0	**Nothing at all**	☐
0.5	**Very, very slight** (just noticeable)	☐
1	**Very slight**	☐
2	**Slight**	☐
3	**Moderate**	☐
4	**Somewhat severe**	☐
5	**Severe**	☐
6		☐
7	**Very severe**	☐
8		☐
9	**Very, very severe** (almost maximal)	☐
10	**Maximal**	☐

COBEX

THE ST. GEORGES HOSPITAL

RESPIRATORY QUESTIONNAIRE

Please use **BLOCK CAPITALS** to enter details clearly of if appropriate mark with a cross like this: ☒

This questionnaire is designed to help us learn much more about how your breathing is troubling you and how if affects your life. We are using it to find out which aspects of your illness cause you most problems, rather than what the doctor and nurses think your problems are.

Please read the instructions carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.

Patient Initials : ☐☐☐

Patient Study Number : ☐☐☐

Exacerbation Number : ☐☐☐

Time Period :

Baseline ☐

Day 1 ☐

Day 42 ☐

Date : D D / M M / Y Y Y Y

(THE ST GEORGES HOSPITAL RESPIRATORY QUESTIONNAIRE)

PART 1

QUESTIONS ABOUT HOW MUCH CHEST TROUBLE YOU HAVE HAD OVER THE LAST YEAR. PLEASE PUT A CROSS, IN ONE BOX FOR EACH QUESTION.

	most days a week	several days a week	a few days a week	only with chest infections	not at all
1. Over the last year, I have coughed:	☐	☐	☐	☐	☐
2. Over the last year, I have brought up phlegm (sputum):	☐	☐	☐	☐	☐
3. Over the last year, I have had shortness of breath:	☐	☐	☐	☐	☐
4. Over the last year, I have had attacks of wheezing	☐	☐	☐	☐	☐

5. During the last year, how many severe or very unpleasant attacks of chest trouble have you had:

- more than 3 attacks ☐
- 3 attacks ☐
- 2 attacks ☐
- 1 attack ☐
- no attacks ☐

6. How long did the worst attack of chest trouble last : (Go to Question 7 if you had no severe attacks

- a week or more ☐
- 3 or more days ☐
- 1 or 2 days ☐
- less than a day ☐

7. Over the last year, in an average week, how many good days (with little chest trouble) have you had :

- no good days ☐
- 1 or 2 good days ☐
- 3 or 4 good days ☐
- nearly every day is good ☐
- every day is good ☐

8. If you have a wheeze, is it worst in the morning :

- no ☐
- yes ☐

(THE ST GEORGES HOSPITAL RESPIRATORY QUESTIONNAIRE)

PART 2

SECTION 1
HOW WOULD YOU DESCRIBE YOUR CHEST CONDITION? (Please put a cross in one box only)

the most important problem I have	☐
causes me quite a lot of problems	☐
causes me a few problems	☐
causes no problems	☐

IF YOU HAVE EVER HAD PAID EMPLOYMENT (Please put a cross in one of these)

my chest trouble made me stop work	☐
my chest trouble interferes with my work or made me change my work	☐
my chest trouble does not affect my work	☐

SECTION 2
QUESTIONS ABOUT WHAT ACTIVITIES USUALLY MAKE YOU FEEL BREATHLESS THESE DAYS
(for each item, please cross either TRUE or FALSE as it applies to you)

	TRUE	FALSE
Sitting or lying still	☐	☐
Getting washed or dressed	☐	☐
Walking around the home	☐	☐
Walking outside on the level	☐	☐
Walking up a flight of stairs	☐	☐
Walking hills	☐	☐
Playing sports or games	☐	☐

SECTION 3
SOME MORE QUESTIONS ABOUT YOUR COUGH AND BREATHLESSNESS THESE DAYS
(for each item, please cross either TRUE or FALSE as it applies to you)

	TRUE	FALSE
My cough hurts	☐	☐
My cough makes me tired	☐	☐
I am breathless when I talk	☐	☐
I am breathless when I bend over	☐	☐
My cough or breathing disturbs my sleep	☐	☐
I get exhausted easily	☐	☐

(THE ST GEORGES HOSPITAL RESPIRATORY QUESTIONNAIRE)

SECTION 4

QUESTIONS ABOUT OTHER EFFECTS THAT YOUR CHEST TROUBLES MAY HAVE ON YOU THESE DAYS

(For each item, please cross either TRUE or FALSE as it applies to you)	TRUE	FALSE
My cough or breathing is embarrassing in public	☐	☐
My chest trouble is a nuisance to my family, friends or neighbours	☐	☐
I get afraid or panic when I cannot get my breath	☐	☐
I feel that I am not in control of my chest problem	☐	☐
I do not expect my chest to get better	☐	☐
I have become frail or an invalid because of my chest	☐	☐
Exercise is not safe for me	☐	☐
Everything seems too much of an effort	☐	☐

SECTION 5

QUESTIONS ABOUT YOUR MEDICATION. IF YOU ARE RECEIVING NO MEDICATION GO STRAIGHT TO **SECTION 6** (To complete this section, please cross either True or False as it applies to you)

	TRUE	FALSE
My medication does not help me very much	☐	☐
I get embarrassed using medication in public	☐	☐
I have unpleasant side effects from my medication	☐	☐
My medication interferes with my life a lot	☐	☐

SECTION 6

THESE ARE QUESTIONS ABOUT HOW YOUR ACTIVITIES MIGHT BE AFFECTED BY YOUR BREATHING

(For each item, please cross either True or False as it applies to you)	TRUE	FALSE
I take a long time to get washed or dressed	☐	☐
I cannot take a bath or shower, or I take a long time	☐	☐
I walk slower than other people, or I stop for rests	☐	☐
Jobs such as housework take a long time, or I have to stop for rests	☐	☐
If I walk up one flight of stairs, I have to go slowly or stop	☐	☐
If I hurry or walk fast, I have to stop or slow down	☐	☐
My breathing makes if difficult to do things such as walk up hills, carrying things upstairs, light gardening such as weeding, dance, play bowls or golf	☐	☐
My breathing makes if difficult to do things such as carry heavy loads, dig the garden or shovel snow, jog or walk at 5 miles per hour, play tennis or swim	☐	☐
My breathing makes if difficult to do things such as very heavy manual work, run, cycle swim fast or play competitive sports	☐	☐

(THE ST GEORGES HOSPITAL RESPIRATORY QUESTIONNAIRE)

SECTION 7

WE WOULD LIKE TO KNOW HOW YOUR CHEST TROUBLE USUALLY AFFECTS YOUR DAILY LIFE (Please cross either TRUE or FALSE as it applies to you because of your chest trouble. Remember that TRUE only applies to you can not do something **because of your breathing)**

	TRUE	FALSE
I cannot play sports or games	☐	☐
I cannot go out for entertainment or recreation	☐	☐
I cannot go out of the house	☐	☐
I cannot do housework	☐	☐
I cannot move far from my bed or chair	☐	☐

HERE IS A LIST OF OTHER ACTIVITIES THAT YOUR CHEST TROUBLE MAY PREVENT YOU DOING (**You do not have to cross these,** they are just to remind you of ways in which your breathlessness may affect you)

GOING FOR WALKS OR WALKING YOUR DOG	☐
DOING THINGS AT HOME OR IN THE GARDEN	☐
SEXUAL INTERCOURSE	☐
GOING OUT TO CHURCH, OR PLACE OF ENTERTAINMENT	☐
GOING OUT IN BAD WEATHER OR INTO SMOKEY ROOMS	☐
VISITING FAMILY OR FRIENDS OR PLAYING WITH CHILDREN	☐

PLEASE WRITE IN ANY OTHER IMPORTANT ACTIVITIES THAT YOUR CHEST TROUBLE MAY STOP YOU DOING

NOW WOULD YOU CROSS IN THE BOX **(ONLY ONE)** WHICH YOU THINK BEST DESCRIBES HOW YOUR CHEST AFFECTS YOU

It does not stop me doing anything I would like to do	☐
It stops me doing one or two things I would like to do	☐
It stops me doing most things I would like to do	☐
It stops me doing everything I would like to do	☐

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE. BEFORE YOU FINISH WOULD YOU CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE QUESTIONS.

COBEX

EURO QOL
EQ-5D
Health Questionnaire

Patient Initials : ☐☐☐

Patient Study Number : ☐☐☐

Exacerbation Number : ☐☐☐

Time Period :

Baseline ☐

Day 1 ☐

Day 42 ☐

Date : D D / M M / Y Y Y Y

Please turn the page over

CONFIDENTIAL

EURO QOL

Please indicate which statements best describe your health state, today, by marking one box in each group with a cross like this : Please take care to mark only the inside of the box.

MOBILITY

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

SELF-CARE

- I have no problems with self-care ☐
- I have some problems washing and dressing myself ☐
- I am unable to wash or dress myself ☐

USUAL ACTIVITIES
(eg work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

PAIN/DISCOMFORT

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

ANXIETY/DEPRESSION

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

Please mark one box only when answering the following question:

Compared with my general level of health over the past 12 months, my health state today is :

- Better ☐
- Much the same ☐
- Worse ☐